2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006445

Entity Name: SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE

FOUNDATION, INC.

Current Principal Place of Business:

333 ARTHUR GODFEY RD SUITE 300

MIAMI BEACH, FL 33140

Current Mailing Address:

4200 ALTON RD

MIAMI BEACH, FL 33140

FEI Number: 65-0723658 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, LILIAM M 4200 ALTON ROAD MIAMI BEACH, FL 33140 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Feb 07, 2022

Secretary of State

7870228630CC

Officer/Director Detail:

Title P Title S

NameLOPEZ, LILIAM MNameMARTINEZ, LAZAROAddress4200 ALTON ROADAddress161 WESTWARD DRIVECity-State-Zip:MIAMI BCH FL 33140City-State-Zip:MIAMI SPRINGS FL 33165

Title D Title CHAIRMAN

Name GONZALEZ, NEREYDA Name BASULTO, FELIPE FRANCISCO

Address 6141 SW 90 COURT Address 255 ALHAMBRA CIRCLE,

SUITE 201

City-State-Zip: MIAMI FL 33173 City-State-Zip: CORAL GABLES FL 33134

Title VC

Name GONZALEZ-JACOBO, ODALYS Title D

Name VACA, MYRNA

Address 333 ARTHUR GODFEY RD Address 1400 NW 10TH AVENUE

SUITE 300 Address

City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI FL 33136

Title DIRECTOR Title VP

Name SORI, HENRY Name FEBRES, MICHELLE

Address 3401 NW 110 ST Address 7705 N.W. 48TH STREET, SUITE 100

City-State-Zip: MIAMI FL 33167 City-State-Zip: DORAL FL 33166

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LILIAM M. LOPEZ PRESIDENT/CEO 02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR
Name ARANGO, LUIS

Address 1 S.E. 3RD AVE 15TH FLOOR

City-State-Zip: MIAMI FL 33131