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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736359 (1)

1. Corporation Name

COLOMBIAN-AMERICAN CHAMBER OF COMMERCE OF GREATE R MIAMI, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~200 ARAGON AVENUE~~ CORAL GABLES FL 33134	~~200 ARAGON AVENUE~~ CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 07/08/1976
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2775981 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2355 SALZEDO STREET	26 2355 SALZEDO STREET
Suite, Apt. #, etc. 22 SUITE 209	Suite, Apt. #, etc. 27 SUITE 209
City & State 23 CORAL GABLES, FLORIDA	City & State 28 CORAL GABLES, FLORIDA
Zip / Country 24 33134 / 25 U.S.A.	Zip / Country 29 33134 / 30 U.S.A.

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
3000 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~CASTRO, EDUARDO~~ ~~1150 S. MIAMI AVE~~ ~~MIAMI FL~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D QUINTERO, ALFREDO 801 BRICKELL AVENUE, PENTHOUSE 1 MIAMI, FLORIDA, 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECHEVERRI, CESAR 241 SEVILLA AV ST 904 CORAL GABLES FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ BERMUDEZ, EUCARIO 11461 SW 102 ST. MIAMI FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ROJAS, JULIO 701 BRICKELL AVE ST 1700 MIAMI FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~MUNERA, FERNANDO~~ ~~1312 SOUTH MIAMI AV~~ ~~MIAMI FL~~	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	S CALLE, DAVID 5220 N.W. 72 AVENUE BAY 4 MIAMI, FLORIDA, 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~ESCOBAR, ELKIN J.~~ ~~10520 S.W. 140 CT.~~ ~~MIAMI FL~~	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	T TARAZONA, MARIA CONSUELO 201 SOUTH BISCAYNE BLVD. MIAMI, FLORIDA, 33131	☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E Bermudez D EUCARIO BERMUDEZ - PRESIDENT 1-26-95 305-446-2542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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