1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 740635

1. Corporation Name

LATIN AMERICAN CHAMBER OF COMMERCE OF THE LOWER KEYS, INC.

Principal Place of Business P O 80X 629 7-F PORTER PLACE KEY WEST FL 33040 US Mailing Address P O BOX 629 305 WHITE ST KEY WEST FL 33040 FILED
Mar 16, 1999 8:00 am §
Secretary of State

03-16-1999 90004 015 \*\*\*\*75.00



Principal Place of Business     2a. Mailing Address					Date Incorporated or Qualifed				
21 7.0.0		<u> 2<i>9</i> </u>			10/27/1977				
Suite, Apt.				4	FEI Number 65-0056541		<u> </u>	Applied For	
	- PORTER PLACE 27 305 WHI	Tt '	<u> </u>		0070000041			Not Applicable	
City & Stat	WFST FL 28 KE-/ WES	T. F	- ا	5	Certifcate of Status Desired	<b>F</b> C	•	5 Additional Required	
Zip	Country Zip	Coun	try	6	Election Campaign Financing	.071	\$5.	00 May Be	
24 3 304	FO 25 29 33040 [	30 142	⇒i (/:		Trust Fund Contribution	忆		led to Fees	
	9. Name and Address of Current Registered Agent	<del>-                                    </del>		10	Name and Address of New R	egistered .	Agent		
		1	Name					•	
ESPINOLA, ARTURO 7-F PORTER PL				200 Constability (D.O. Barristania Mat Accompability)					
				82 Street Address (P.O. Box Number is Not Acceptable)					
KEY WEST FL 33040				83					
VE! MES	1 FL 33040	L							
			34 City			FI	85 2	Zip Code	
44 5	to the provisions of Sections 617.0502 and 617.1508, Florida Statute	- 455		l aarmarati	an authorite this statement for the	, <u> </u>	changing	ite registered	
office or r	egistered agent, or both, in the State of Florida. Such change was at	uthorized I	by the corp	oration's t	poard of directors. I hereby accep	t the appoi	ntment a	s registered	
agent. I a	m familiar with, and accept the obligations of, Section 617.0503, Flor	ida Statut	es.					•	
SIGNATURE						DATE			
40	Signatural of the second secon	Registered A	gent signature	required wher	reinstating) ADDITIONS/CHANGES TO OFF		ID DIREC	CTOPS IN 12	
12.	OFFICERS AND DIRECTORS    VI)   DELETE			T				nge: Addition	
TITLE	_ ·	1,1 ∏∏.	_					-ge	
NAME	CALLEJA, OMAR J	1.2 NAM							
STREET ADDRESS	45 RIVIERA DR	1.3 STR	EET ADDRESS		,			, ,	
CITY-ST-ZIP	KEY WEST FL		-ST-ZIP			·		·	
TITLE	TD DELETE	2.1 TITL	E				☐ Chan	nge 🗌 Addition	
NAME	ESPINOLA, ARTURO	2.2 NAN	ŧΕ	1	•				
STREET ADDRESS	7-F PORTER PLACE	2.3 STR	EET ADDRESS						
CITY-\$T-ZIP	KEY WEST FL	2. 4 CIT	Y-ST-ZIP						
TITLE	SD DELETE 3.1		Ε				Chan	nge 🔲 Addition	
NAME	CORDERO, MAGDALENA	3.2 NAM	Ė						
STREET ADDRESS	1200 FIRST ST	3.3 STR	EET ADDRESS			,		,	
CITY-ST-ZIP	KEY WEST FL	3.4. CIT	Y-ST-ZIP		•				
TITLE	O CELETE	4.1 TITL					Chan	nge Addition	
NAME	CRUSOE, EDWIN E.	4, 2 NA	Æ					•	
STREET ADDRESS	N.E. FRONT & DUVAL STS.		EET ADDRESS						
CITY-ST-ZIP	KEY WEST FL		-ST-ZIP						
TITLE	D DELETE	5.1 TITL		<del>                                     </del>			☐ Chan	nge Addition	
NAME	PINDER, JAMES B	5.2 NAM							
	ALC CLUBE CYCET		EET ADDRESS	1					
STREET ADDRESS									
CITY-ST-ZIP	KEY WEST FL	5.4 City 6.1 TitL	'-ST-ZIP	<del> </del>				ngo [7] Addition	
TITLE	P DELETE						Chan	nge 🔲 Addition	
NAME	ESPINOLA, ARTURO	6.2 NAM	_						
STREET ADDRESS		6.3 STR	EET ADDRESS						
CITY-ST-ZIP	KEY WEST FL 33041	6.4 CITY	-ST-ZIP	1	·			<u>.</u>	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

ARTURO ESPINOLA ARNAU

SIGNATURE:

ertsissisterfundas (Roman 3-11-1999