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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATION

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95 MAY -1 11:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752927

(4)

1. Corporation Name

SPAIN - U.S. CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

2655 LE JEUNE ROAD
STE 1108
CORAL GABLES FL 33134
US

2655 LE JEUNE ROAD
SUITE 1108
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/12/1980

3a. Date of Last Report
02/22/1994

4. FEI Number

59-2043472

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2655 LE JEUNE ROAD

26 2655 LE JEUNE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 1108

27 STE 1108

City & State

City & State

23 CORAL GABLES - FLORIDA

28 CORAL GABLES - FLORIDA

24 FL-33134

25 USA

29 FL-33134

30 USA

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. 100.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUBIRIA, MANUEL
2 S BISCAYNE BLVD
#3301
MIAMI FL 33131

81 Name LINARES, JULIAN

82 Street Address (P.O. Box Number is Not Acceptable)
48 E. FLAGLER ST.

83

84 City MIAMI

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 RAFAEL HIDALGO (EXEC. STOR)

(NOTE: Registered Agent signature required when reappointing)

02/22/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ZUBIRIA, MANUEL
STREET ADDRESS 2 S BISCAYNE BLVD #3301
CITY-ST-ZIP MIAMI FL

11 TITLE PD
12 NAME LINARES, JULIAN
13 STREET ADDRESS 48 E. FLAGLER ST.
14 CITY-ST-ZIP MIAMI - FL 33131

Change Addition

TITLE VD
NAME PASCUAL, GABRIEL
STREET ADDRESS 2100 PONCE DE LEON BLVD #1045
CITY-ST-ZIP CORAL GABLES FL

21 TITLE VD
22 NAME PASCUAL, GABRIEL
23 STREET ADDRESS 2100 PONCE DE LEON BLVD #1180
24 CITY-ST-ZIP CORAL GABLES - FL 33134

Change Addition

TITLE VD
NAME LINARES, JULIAN
STREET ADDRESS 48 E FLAGLER ST
CITY-ST-ZIP MIAMI FL

31 TITLE V.D.
32 NAME OCAMPO, ANGELA
33 STREET ADDRESS 161 CRANDON BLVD #214
34 CITY-ST-ZIP KEY BISCAYNE - FL 33149

Change Addition

TITLE VSD
NAME BLANCO, PLACIDO
STREET ADDRESS 10520 NW 26 ST
CITY-ST-ZIP MIAMI, FL 00000

41 TITLE VSD
42 NAME BLANCO, PLACIDO
43 STREET ADDRESS 10520 NW 26 ST.
44 CITY-ST-ZIP MIAMI, FL 33172

Change Addition

TITLE TD
NAME FERNANDEZ, CARLOS J
STREET ADDRESS 615 HARBOR CIRCLE
CITY-ST-ZIP KEY BISCAYNE FL

51 TITLE TD
52 NAME ABALLI, ARTURO
53 STREET ADDRESS 1 S.E 3rd AVE SUITE 1780
54 CITY-ST-ZIP MIAMI-FL 33131

Change Addition

TITLE ED
NAME MARQUINA, JOSE
STREET ADDRESS 1450 S BAYSHORE DR, #811
CITY-ST-ZIP MIAMI FL

61 TITLE ED
62 NAME HIDALGO, RAFAEL
63 STREET ADDRESS 2655 LE JEUNE ROAD
64 CITY-ST-ZIP GABLES - FL 33134

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 110.07(3)(k), 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 or 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: RAFAEL HIDALGO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/95 (305) 446-1992