

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752927** (4)

1. Corporation Name

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



Principal Place of Business	Mailing Address
2655 LE JEUNE RD SUITE 1108 CORAL GABLES FL 33134 US	2655 LE JEUNE RD SUITE 1108 CORAL GABLES FL 33134-5802 US

3. Date Incorporated or Qualified 06/12/1980	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

4. FEI Number 59-2043472	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	
JULIAN, LINARES 48 E FLAGLER ST #3301 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	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LINARES, JULIAN 48 E FLAGLER ST MIAMI FL	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	T DE LARA, LUIS 701 BRICKELL AVE. # 1350 MIAMI FL 33131	2.1 TITLE	☒ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	1VP OCAMPO, ANGELA 161 CRANDON BLVD 214 KEY BISCAYNE FL 33149	3.1 TITLE	☒ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	2VP BLANCO, PLACIDO 10520 NW 26TH ST MIAMI FL 33172	4.1 TITLE	☒ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	S ABALLI, ARTURO 1 S E 3RD AVE SUITE 1980 MIAMI FL 33131	5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	ED HIDALGO, RAFAEL 2655 LE JEUNE RD. #1108 CORAL GABLES FL 33134	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

OLARTE, LUIS 1900 NW 92 Ave MIAMI, FL 33172 MARQUINA, JOSE 2655 LE JEUNE RD. SUITE 905 CORAL GABLES, FL 33134 VERDEJAS SAM 999 PONCE DE LEON BLVD. SUITE 605 CORAL GABLES, FL 33134 FERNANDEZ, NICOLAS 2655 LE JEUNE RD. SUITE PH1 CORAL GABLES, FL 33134
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14. I do 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.

SIGNATURE: RAFAEL HIDALGO, EXECUTIVE 01/15/97 (305) 446-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027134

CR2E037 (9/96)