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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **752927**

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 CORALGABLES FL 33134 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/12/1980

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

9. Name and Address of Current Registered Agent

MARQUINA, JOSE
2655 DE JEUNE ROAD, STE 905
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name 286 Seaview Dr. #
82 Street Address (P.O. Box Number is Not Acceptable)
83 Key Biscayne, FL
84 City FL 85 Zip Code 33149

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 _____ 4/13/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARQUINA, JOSE		1.2 NAME		
STREET ADDRESS	2655 LE JEUNE ROAD, STE 905		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VERDIJAS, SAM		2.2 NAME		
STREET ADDRESS	999 PONCE DE LEON BLVD, STE 605		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOSA, ELVIRA		3.2 NAME		
STREET ADDRESS	6100 BLUE LAGOON DRIVE, STE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANGELO, SUSAN		4.2 NAME		
STREET ADDRESS	16400 N W 32ND AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33054		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	FERNANDEZ, NICOLAS		5.2 NAME	OLARTE, LUIS	
STREET ADDRESS	2655 LE JEUNE RD., STE PH1		5.3 STREET ADDRESS	1900 NW 92 AVE	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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.

SIGNATURE: SIGNATURE JOSE M. MARQUINA 4/13/99 (305) 448 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #