

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001364

FILED
Apr 21, 2004
Secretary of State**Entity Name:** CAMARA DE COMERCIO MERCOSUR, ALCA & TICAMER, INC.**Current Principal Place of Business:**13899 BISCAYNE BLVD
SUITE 147
NORTH MIAMI, FL 33181**New Principal Place of Business:****Current Mailing Address:**13899 BISCAYNE BLVD
SUITE 147
NORTH MIAMI, FL 33181**New Mailing Address:****FEI Number:** 65-1092654 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALVAREZ, MARIA T
270 LAYNE BLVD
SUITE 305
HALLANDALE, FL 33009 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: ALVAREZ, MARIA T
Address: 270 LAYNE BLVD, #305
City-St-Zip: HALLANDALE, FL 33009**Title:** D () Delete
Name: VERO, MIGUEL MARCOS
Address: 13899 BISCAYNE BLVD., SUITE 147
City-St-Zip: NORTH MIAMI, FL 33181**Title:** VD () Delete
Name: AMADO, JULIO N
Address: 6856 W FLAGLER ST 2ND FLOOR
City-St-Zip: MIAMI, FL 33144**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: VERA, MIGUEL MARCOS
Address: 13899 BISCAYNE BLVD., SUITE 147
City-St-Zip: NORTH MIAMI, FL 33181**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA T ALVAREZ

DP

04/21/2004

Electronic Signature of Signing Officer or Director_____
Date