

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N26237 (0)**

1. Corporation Name
COLOMBIAN-AMERICAN CHAMBER OF COMMERCE OF THE U. S.A., INC.

FILED
95 FEB 17 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~200 ARAGON AVE.~~ ~~200 ARAGON AVE.~~
CORAL GABLES FL 33134 CORAL GABLES FL 33134

2. Principal Place of Business 2a. Mailing Address
21 **2355 SALZEDO STREET** 26 **2355 SALZEDO STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 209** 27 **SUITE 209**
City & State City & State
23 **CORAL GABLES, FLORIDA** 28 **CORAL GABLES, FLORIDA**
Zip Country Zip Country
24 **33134** 25 **U.S.A.** 29 **33134** 30 **U.S.A.**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **05/03/1988** 3a. Date of Last Report **04/21/1994**
4. FEI Number **65-0189164** 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**
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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WOODBIDGE, FREDERICK, JR.
280 ARAGON AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD ECHEVERRI, CESAR 241 SEVILLA AVE ST. 904 CORAL GABLES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GASTRO, EDUARDO 1200 BRICKELL AVE FTH FL MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition QUINTERO, ALFREDO 801 BRICKELL AVENUE PENTHOUSE 1 MIAMI, FLORIDA 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERMUDEZ, EUCARIO 11481 S.W. 102 ST. MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROJAS, JULIO 701 BRICKELL AVE ST 1700 MIAMI FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MUNERA, FERNANDO 1812 SOUTH MIAMI AVE. MIAMI FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CALLE, DAVID 5220 N.W. 72 AVENUE BAY 4 MIAMI, FLORIDA 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ESCOBAR, ELKIN J. 10520 G.W. 140 COURT MIAMI FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TARAZONA, MARIA CONSUELO 201 SOUTH BISCAYNE BLVD MIAMI, FLORIDA 33131

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)(g), Florida Statutes. I further certify 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: *Eucario Bermudez* EUCARIO BERMUDEZ - PRESIDENT 1-26-95 305-446-2542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)