FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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-04/19/96--01057--001
***70.00

DOCUMENT # N26237 (0)

1. Corporation Name

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

Principal Place of Business	Mailing Address
2355 SALZEDO ST. SUITE 209 CORAL GABLES FL 33134 US	2355 SALZEDO ST SUITE 209 CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: 05/03/1988
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOODBRIDGE, FREDERICK, JR.
~~280 ARAGON AVE~~
~~CORAL GABLES FL 33134~~
2355 Salzedo St.
Suite 209
Coral Gables, Fla. 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
City — FL — 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECHEVERRI, CESAR 241 SEVILLA AVE ST. 904 CORAL GABLES FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Vice President Jaime Lalinde 201 S. Biscayne Blvd. #3300 Miami, Fla. 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINTERO, ALFREDO 801 BRICKELL AVE PENTHOUSE 1 MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Andres Restrepo 1312 S. Miami Ave. Miami, Fl. 33130	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERMUDEZ, EUCARIO 11461 S.W. 102 ST. MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROJAS, JULIO 701 BRICKELL AVE ST 1700 MIAMI FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Vice President Andres Restrepo 1312 S. Miami, Avenue Miami, Fla. 33130	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CALLE, DAVID 5220 NW 72 AVE BAY 4 MIAMI FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Alvaro Lozano 1890 W 4th. Ave. Hialeah, Fl. 33010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TARAZONA, MARIA CONSUELO 201 S BISCAYNE BLVD MIAMI FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Vice President Elsa Villamizar 6303 Blue Laggon Dr. # 135 Miami, Fla. 33126	☒ Change ☐ Addition Delete

CR2E037 (12/95)

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 119.07(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 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: Ernesto Cucalon — 03-25-96 — (305)446-252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alfredo Quintero — 04-10-96 — (305)372-9909