

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26237 (0)

1. Corporation Name

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

Principal Place of Business

2355 SALZEDO ST.
SUITE 209
CORAL GABLES FL 33134
US

Mailing Address

2355 SALZEDO ST
SUITE 209
CORAL GABLES FL 33134-5035
US3. Date Incorporated or Qualified
05/03/19883a. Date of Last Report
04/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

WOODBIDGE, FREDERICK, JR.
2355 SALZEDO ST.
SUITE 209
CORAL GABLES FL 33134

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0189164

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LALINDE, JAIME	
STREET ADDRESS	201 S. BISCAYNE BLVD. #3300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINTERO, ALFREDO	
STREET ADDRESS	801 BRICKELL AVE PENTHOUSE 1	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RESTREPO, ANDRES	
STREET ADDRESS	1312 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALVARO, LOZANO	
STREET ADDRESS	1890 W 4TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TARAZONA, MARIA CONSUELO	
STREET ADDRESS	201 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lalinde, Jaime	
1.3 STREET ADDRESS	201 S. Biscayne Blvd. #3300	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	QUINTERO, ALFREDO	
2.3 STREET ADDRESS	801 BRICKELL AVE PENTHOUSE 1	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TRIBIN, RICARDO	
3.3 STREET ADDRESS	1901 BRICKELL AVE APT. B702	
3.4 CITY-ST-ZIP	MIAMI, FL 33129	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CORDOBA, ENRIQUE	
4.3 STREET ADDRESS	2100 CORAL WAY SUITE 604	
4.4 CITY-ST-ZIP	MIAMI, FL 33145	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TARAZONA, MARIA CONSUELO	
5.3 STREET ADDRESS	799 BRICKELL PLAZA 10th FLOOR	
5.4 CITY-ST-ZIP	MIAMI, FL 33131	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027198

CR2E037 (9/96)