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Jan 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N43018 (3)

1. Corporation Name

FEDERACION DE CAMARAS LATINAS DE COMERCIO DEL ES  
TADO DE LA FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O CAMACOL  
1417 WEST FLAGLER STREET  
MIAMI FL 33135C/O CAMACOL  
1417 WEST FLAGLER STREET  
MIAMI FL 33135-22083. Date Incorporated or Qualified  
04/16/19913a. Date of Last Report  
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSSIO, RAUL A.  
C/O CAMACOL  
1417 WEST FLAGLER STREET  
MIAMI FL 33135

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RIERA, GASTON  
STREET ADDRESS 4810 N. CORTEZ AVENUE  
CITY-ST-ZIP TAMPA FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD  
NAME RODRIGUEZ, VICENTE P.  
STREET ADDRESS 60 EAST 3 ST.,SUITE 201  
CITY-ST-ZIP HIALEAH FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD  
NAME GIMENEZ, JOSE V.  
STREET ADDRESS 2222 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE TD  
NAME MARQUINA, JOSE M.,  
STREET ADDRESS 2855 LEJEUNE RD.#1008  
CITY-ST-ZIP CORAL GABLES FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D  
NAME CASTRO-MOLLEDA, WALDO  
STREET ADDRESS 1417 W.FLAGLER ST.  
CITY-ST-ZIP MIAMI FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
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:

Jan. 7/97 (305) 642-3870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028008

CR2E037 (9/96)