

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90085 015 \*\*\*\*61.25

**DOCUMENT # N43188**

1. Entity Name

**CENTRAL AMERICA - U.S. CHAMBER OF COMMERCE, INC**



Principal Place of Business

2100 SALZEDO ST.  
STE 301-B  
MIAMI FL 33134  
US

Mailing Address

2100 SALZEDO ST.  
STE 301-B  
MIAMI FL 33134  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0287364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE ARMAS, LUIS  
201 S BISCAYNE BLVD.  
1500 MIAMI CENTER  
MIAMI FL 33131

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PASCUAL, GABRIEL  
STREET ADDRESS 2100 PONCE DE LEON BLVD., #1180  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VP ☐ Delete  
NAME HERNANDEZ, DEBORAH  
STREET ADDRESS 801 BRICKELL AVE., #1090  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete  
NAME DE LA VEGA, EVELYN  
STREET ADDRESS PO BOX 590628  
CITY-ST-ZIP MIAMI FL 33159

TITLE VP ☐ Delete  
NAME SPANG, THOMAS  
STREET ADDRESS 801 BRIKCELL AVE  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete  
NAME MIRANDA, DUNIA  
STREET ADDRESS 1101 BRICKELL AVE. STE. 1003-5A  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete  
NAME BONILLA MATHE, SALVADOR  
STREET ADDRESS 3400 CORAL WAY STE. 700  
CITY-ST-ZIP MIAMI FL 33134

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #