

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N44856 (5)

1. Corporation Name

BOLIVIAN-AMERICAN CHAMBER OF COMMERCE OF FLORIDA
, INC.

Principal Place of Business

7136 S.W. 47TH STREET
MIAMI FL 33155

Mailing Address

7136 S.W. 47TH STREET
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1991

3a. Date of Last Report

12/08/1994

4. FEI Number

65-0326187

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐ FILING FEE IS
\$61.25

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

VARGAS, GONZALO
7335 NW 35 ST.
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

ROBERTO COZZI

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

83 7136 SW 47th Street

84 City

MIAMI

85 FL

Zip Code

33155

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 provisions 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

6/6/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
VARGAS, GONZALO
7335 NW 35 ST.
MIAMI FL 33122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
GUZMAN, HUMBERTO
6307 BIRD RD.
MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
SANCHEZ, JORGE
801 BRICKELL AVE., #1200
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CAREAGA, VICTOR
811 PONCE DE LEON BLVD
CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
PONCE, GUIDO
10825 SW 112 AVE., #310
MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PD
COZZI, ROBERTO
7136 SW 47th Street
MIAMI, FL 33155

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VD
HANDAL, ALEJANDRO
7168 SW 47th Street, Suite C
MIAMI, FL 33155

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TD
SANCHEZ, JORGE
801 BRICKELL AVE., SUITE 1200
MIAMI, FL 33131

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

D
CAREAGA, VICTOR
811 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

SD
PONCE, GUIDO
10625 SW 112th AVE., #310
MIAMI, FL 33176

☐ Change ☐ Addition

6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO COZZI

DATE

6/6/95

Signature Number

305 6638821

CR2E037 (3/95)