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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000002259 (0)

1. Corporation Name

POLISH AMERICAN CHAMBER OF COMMERCE OF FLORIDA A  
ND THE AMERICAS, INC.

Principal Place of Business

5439 NW 36TH ST.  
MIAMI FL 33166  
US

Mailing Address

5439 NW 36TH ST.  
MIAMI FL 33166-5811  
US



3. Date Incorporated or Qualified  
05/14/1993

3a. Date of Last Report  
07/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO Box 291465

Suite, Apt. #, etc.

27 City & State  
Davie FL

28 Zip Country  
33329 USA

29 30

4. FEI Number

65-0415992

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

10. Name and Address of New Registered Agent

WESOLOWSKI, ZDZISLAW P DR  
FLORIDA MEMORIAL COLLEGE  
15800 NW 42ND AVENUE  
MIAMI FL 33054

ZDZISLAW  
Zdzislaw

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)

Zdzislaw P. Wesolowski

18/2/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WESOLOWSKI, ZDZISLAW P DR  
STREET ADDRESS FLORIDA MEMORIAL COLLEGE 1500 NW 42ND AVE.  
CITY-ST-ZIP MIAMI FL 33054

TITLE VD  
NAME KRUSZEWSKI, ANTHONY E  
STREET ADDRESS %U.S. AIRMOTIVE, INC., 5439 N.W. 36TH ST.  
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE TD  
NAME SZCZEPANSKI, TONI W  
STREET ADDRESS TWS COMPUTER ELECT, 1700 EAST LAS OLAS BLV  
CITY-ST-ZIP FT. LAUD FL

TITLE SD  
NAME RACZKOWSKI, MARK B  
STREET ADDRESS 1801 COLLINS AVE. #T6  
CITY-ST-ZIP MIAMI FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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 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

Zdzislaw P. Wesolowski

18/2/97

Daytime Phone # 0032031

CR2E037 (9/96)