

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90076 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003597

1. Corporation Name

MIAMI INTERNATIONAL CHAMBER OF COMMERCE, INC.

560160 - 90061 - 27

Principal Place of Business 220 71ST STREET SUITE 213 MIAMI BEACH FL 33141 US	Mailing Address 220 71ST STREET SUITE 213 MIAMI BEACH FL 33141 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/06/1993 4. FEI Number 65-0502712 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CHIARATO, UGO V 220 71ST STREET SUITE 213 MIAMI BEACH FL 33141	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PASSALACQUA, VICTOR	1.1 TITLE	PD DR. MALVISI ALBERTO
NAME	11890 S.W. 8TH STREET	1.2 NAME	220 71ST STREET - SUITE 213
STREET ADDRESS	MIAMI FL 33184	1.3 STREET ADDRESS	MIAMI BEACH FL 33141
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD STAB, MARIA	2.1 TITLE	VPD CAPALBO FAUSTO
NAME	10999 BISCAYNE BLVD.	2.2 NAME	220 71ST STREET - SUITE 213
STREET ADDRESS	NORTH MIAMI FL 33161	2.3 STREET ADDRESS	MIAMI BEACH FL 33141
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TDS CHIARATO, UGO V	3.1 TITLE	TDS CHIARATO, UGO V
NAME	220 71ST STREET #213	3.2 NAME	220 71ST STREET - #213
STREET ADDRESS	MIAMI BEACH FL 33141	3.3 STREET ADDRESS	MIAMI BEACH, FL 33141
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 1999 (305) 868.7060 p.m.