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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Candra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005496 (5)

1. Corporation Name

DOMINICAN INTERNATIONAL BUSINESS CHAMBER, INC.



Principal Place of Business

Mailing Address

8827 NW 112 ST
HIALEAH FL 33018

PO BOX 521396
MIAMI FL 33152-1396

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/07/1993

3a. Date of Last Report
10/24/1996

4. FEI Number
65-0462429

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

RICHARDSON, MANUEL
8827 NW 112 ST
HIALEAH FL 33018

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE
NAME LOPEZ, JOSE L
STREET ADDRESS 8827 NW 112 ST
CITY-ST-ZIP HIALEAH FL 33018

TITLE VP ☐ DELETE
NAME DELGADO, LUIS M
STREET ADDRESS 8827 NW 112 ST
CITY-ST-ZIP HIALEAH FL 33018

TITLE VD ☐ DELETE
NAME GELL, ROCIO
STREET ADDRESS 8827 NW 112 ST
CITY-ST-ZIP HIALEAH FL 33018

TITLE S ☐ DELETE
NAME RICHARDSON, MANUEL
STREET ADDRESS 8827 NW 112 ST
CITY-ST-ZIP HIALEAH FL 33018

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME MARMOLEJOS, FEDERICO
1.3 STREET ADDRESS 6405 N.W. 36th St.-Ste 202D
1.4 CITY-ST-ZIP Miami, FL 33166

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME ALVAREZ, CARMEN C.
2.3 STREET ADDRESS 801 Brickell Avenue
2.4 CITY-ST-ZIP Miami, FL 33131

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME FERNANDEZ, NICOLAS
3.3 STREET ADDRESS 2655 LeJeune Rd.-PH 1-D
3.4 CITY-ST-ZIP Coral Gables, FL 33134

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

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

6.1 TITLE ☐ Change ☐ Addition
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.

CR2E037 (9/96)

(305) 362-6728