

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000000458 (9)

1. Corporation Name

ALLAPATTAH CHAMBER OF COMMERCE, INC.



Principal Place of Business

2513 N.W. 20TH ST.
MIAMI FL 33142

Mailing Address

2513 N.W. 20TH ST.
MIAMI FL 33142

3. Date Incorporated or Qualified
01/31/1994

3a. Date of Last Report
07/06/1995

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

4. FEI Number
65-0514793

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

CABEZAS, RAFAEL
2513 N.W. 20TH ST.
MIAMI FL 33142

81 Name

SAME

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

200001790962
-04/26/96--01100--025

84 City

***70.00

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARRIOS, JOSE A	
STREET ADDRESS	3001 N.W. 17TH AVE.	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	VB D	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ANGEL	
STREET ADDRESS	2515 NW 20 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	VC D	<input checked="" type="checkbox"/> DELETE
NAME	VALDEZ, RUBEN	
STREET ADDRESS	2015 NW 20 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENCOMO, ESTEBAN	
STREET ADDRESS	2513 N.W. 20TH ST.	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOVO, GUILLERMO	
STREET ADDRESS	2515 N.W. 20TH ST.	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VALDES, RODOVALDO	
STREET ADDRESS	2551 NW 20 STREET	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ruben Valdes
1.3 STREET ADDRESS	2015 NW 20 ST
1.4 CITY - ST - ZIP	MIAMI, FL 33142
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Angel Gonzalez
2.3 STREET ADDRESS	2515 NW 20 ST
2.4 CITY - ST - ZIP	MIAMI, FL 33142
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARRIOS GUCIT'S
3.3 STREET ADDRESS	1675 NW 27 AVE
3.4 CITY - ST - ZIP	MIAMI, FL 33125
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEBASTIAN FERNANDEZ
4.3 STREET ADDRESS	2207 NW 23 AVE
4.4 CITY - ST - ZIP	MIAMI, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANTONIO GONZALEZ
5.3 STREET ADDRESS	2102 NW 17 ST # D-308
5.4 CITY - ST - ZIP	MIAMI, FL 33125
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Guillermo Novo
6.3 STREET ADDRESS	3101 NW 27 AVE
6.4 CITY - ST - ZIP	MIAMI, FL 33142

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: Angel Gonzalez ANGEL GONZALEZ (P) 4/9/96 305-638-0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4/9/96