

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 # N94000003654 (0)

1. Corporation Name

SOUTH BEACH LATIN CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

1001 4TH ST.
SUITE 3
MIAMI BEACH FL 33139
US

2457 COLLINS AVE
#701
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified
07/21/1994

3a. Date of Last Report
05/01/1995

21. Principal Place of Business
1111 Lincoln Road

2a. Mailing Address
26. Suite, Apt. #, etc.

4. FEI Number
65-0511241

Applied For
Not Applicable

22. City & State
810 Miami Beach, FL

27. City & State

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

23. Zip
33139

28. Country

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

24. Country

29. 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

**LOPEZ, LILIAM M
2457 COLLINS AVE
#701
MIAMI BEACH FL 33140**

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** DELETE
NAME **SARRAFF, RAUL**
STREET ADDRESS **1001 4TH ST., STE. 3**
CITY-ST-ZIP **MIAMI BEACH FL**

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

TITLE **S** DELETE
NAME **DORTA, HUGO E**
STREET ADDRESS **1001 S BAYSHORE DR., STE. 2706**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** DELETE
NAME **LANNES, ROMAN M**
STREET ADDRESS **999 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE **D** DELETE
NAME **SARDINAS, ALINA E**
STREET ADDRESS **999 WASHINGTON AVE**
CITY-ST-ZIP **MIAMI BEACH FL**

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

TITLE **D** DELETE
NAME **GONZALEZ-JACOBO, RAFAEL**
STREET ADDRESS **10 N.W. 42 AVE.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **P** DELETE
NAME **LOPEZ, LILIAM M**
STREET ADDRESS **2457 COLLINS AVE., #701**
CITY-ST-ZIP **MIAMI BEACH FL**

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 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: *Liliam M. Lopez* - Liliam M. Lopez, President 1-26-96 604-9876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)