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Jan 24 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 # N94000003654 (0)

1. Corporation Name  
SOUTH BEACH HISPANIC CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address  
1111 LINCOLN ROAD 2457 COLLINS AVE  
810 #701  
MIAMI BEACH FL 33139 MIAMI BEACH FL 33140-4728  
US

3. Date Incorporated or Qualified 07/21/1994 3a. Date of Last Report 02/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0511241 Applied For Not Applicable  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 Zip 25 Country 29 Zip 30 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  
TITLE C DELETE  
NAME SARRAFF, RAUL  
STREET ADDRESS 1001 4TH ST., STE. 3  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE S DELETE  
NAME DORTA, HUGO E  
STREET ADDRESS 1001 S BAYSHORE DR., STE. 2706  
CITY-ST-ZIP MIAMI FL  
TITLE D DELETE  
NAME LANNES, ROMAN M  
STREET ADDRESS 999 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL  
TITLE D DELETE  
NAME SARDINAS, ALINA E  
STREET ADDRESS 999 WASHINGTON AVE  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE D DELETE  
NAME GONZALEZ-JACOBO, RAFAEL  
STREET ADDRESS 10 N.W. 42 AVE.  
CITY-ST-ZIP MIAMI FL  
TITLE P DELETE  
NAME LOPEZ, LILIAM M  
STREET ADDRESS 2457 COLLINS AVE., #701  
CITY-ST-ZIP MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS 530 Ocean Dr.  
1.4 CITY-ST-ZIP Miami Beach, FL 33139  
2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS 501 Brickell Dr. Suite 300  
2.4 CITY-ST-ZIP Miami, FL 33131  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
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 980 N.W. 42 AVE  
5.4 CITY-ST-ZIP Miami, FL 33126  
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.

SIGNATURE: Liliam M. Lopez 1-27-97 (305) 604-9876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029638

CR2E037 (9/96)