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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000003654

1. Corporation Name

SOUTH BEACH HISPANIC CHAMBER OF COMMERCE OF GREATER MIAMI, INC.

Principal Place of Business

1111 LINCOLN ROAD
 810
 MIAMI BEACH FL 33139
 US

Mailing Address

2457 COLLINS AVE
 #701
 MIAMI BEACH FL 33140



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/21/1994

4. FEI Number

65-0511241

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 NAME DELETE

C
SARRAFF, RAUL
 STREET ADDRESS
530 OCEAN DR
 CITY-ST-ZIP
MIAMI BEACH FL

TITLE NAME DELETE

S
DORTA, HUGO E
 STREET ADDRESS
501 BRICKELLDR, STE 300
 CITY-ST-ZIP
MIAMI FL

TITLE NAME DELETE

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

TITLE NAME DELETE

D
ROBERT E. CHISHOLM
 STREET ADDRESS
7254 SW 48TH ST
 CITY-ST-ZIP
MIAMI FL 33155

TITLE NAME DELETE

D
GONZALEZ-JACOBO, RAFAEL
 STREET ADDRESS
780 NW 42 AVE
 CITY-ST-ZIP
MIAMI FL

TITLE NAME DELETE

P
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
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

Treasurer

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 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: *Liliam M. Lopez* President 1-12-99 (305) 534-1903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)