

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 # **N94000005654 (8)**

1. Corporation Name

PARAGUAYAN-AMERICAN CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

80 SW 8TH STREET STE. 2190
MIAMI FL

80 SW 8TH STREET STE. 2190
MIAMI FL

2. Principal Place of Business

21 **6119 N.W. 72nd Avenue**

Suite, Apt. #, etc.

22

City & State

23 **Miami, Florida**

Zip

24 **33166**

Country

25 **U.S.A.**

2a Mailing Address

26 **P.O. Box 52-6742**

Suite, Apt. #, etc.

27

City & State

28 **Miami, Florida**

Zip

29 **33152**

Country

30 **U.S.A.**

3. Date Incorporated or Qualified

11/16/1994

3a. Date of Last Report

08/14/1995

4. FEI Number

65-0542598

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**O'NAGHTEN, JUAN T
2665 SO. BAYSHORE DRIVE
STE. 1100
MIAMI FL 33131**

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 the filer (state)

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCAVONE, TITO S DR.	
STREET ADDRESS	80 SW 8TH STREET STE. 2190	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VALLEJO, CARLOS	
STREET ADDRESS	80 SW 8TH STREET STE. 2190	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANCHACA, CESAR	
STREET ADDRESS	6119 NW 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CASTILLO, INES	
STREET ADDRESS	6119 NW 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NINO, ADRIANA	
STREET ADDRESS	80 SW 8TH STREET STE. 2190	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALEJANDRO, CHIRIFE	
STREET ADDRESS	80 SW 8TH ST. SUITE 2190	
CITY-ST-ZIP	MIAMI FL 33130	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Menchaca, Cesar
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	T
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	S
53 STREET ADDRESS	Evelina Lowenthal
54 CITY-ST-ZIP	6119 N.W. 72nd Avenue
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Miami, FL 33166
63 STREET ADDRESS	
64 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)(c), 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 registered agent 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 attached sheet, in an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

07/28/96

(305) 863-0304

CR2E037 (12/95)