

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

TITLE DELETE

NAME **CD SCAVONE, TITO S DR.**
STREET ADDRESS **80 SW 8TH STREET STE. 2190**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE DELETE

NAME **VD VALLEJO, CARLOS**
STREET ADDRESS **80 SW 8TH STREET STE. 2190**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE DELETE

NAME **PD MANCHACA, CESAR**
STREET ADDRESS **6119 NW 72ND AVE.**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE DELETE

NAME **S CASTILLO, INES**
STREET ADDRESS **6119 NW 72ND AVE.**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE DELETE

NAME **T NINO, ADRIANA**
STREET ADDRESS **80 SW 8TH STREET STE. 2190**
CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **VD ALEJANDRO, CHIRIFE**
STREET ADDRESS **80 SW 8TH ST. SUITE 2190**
CITY-ST-ZIP **MIAMI FL 33130**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Menchaca, Cesar

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

**S
Evelina Lowenthal
6119 N.W. 72nd Avenue
Miami, FL 33166**

61 TITLE Change Addition

62 NAME

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)