

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 3:13

SECRETARY OF STATE



0012891

DOCUMENT # N94000005654 (8)

1. Corporation Name

PARAGUAYAN-AMERICAN CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

6119 NW 72ND AVENUE
 MIAMI FL 33166
 US

P.O. BOX 52-6742
 MIAMI FL 33152
 US

3. Date Incorporated or Qualified

11/16/1994

4. FEI Number

65-0542598

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6972 N.W. 51ST STREET

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 MIAMI FLORIDA

24 Zip 33166

25 Country U.S.A.

28 Zip Country

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 000002701920--7
 -12/03/98--01067--016
 84 City ***236.25 ***236.25
 FL 85 Zip Code 25

11. Pursuant to the provisions of sections 617.0503 and 617.1608, 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

Juan T. O'Naghten

NOV 17, 98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" 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	MENCHACA, CESAR	
STREET ADDRESS	6119 NW 72ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CASTILLO, INES	
STREET ADDRESS	6119 NW 72ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOWENTHAL, EVELINA	
STREET ADDRESS	6119 NW 72NF AVENUE	
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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6972 N.W. 51ST STREET
3.3 STREET ADDRESS	MIAMI FL 33166
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	6972 N.W. 51ST STREET
4.3 STREET ADDRESS	MIAMI FL 33166
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	6972 N.W. 51ST STREET
5.3 STREET ADDRESS	MIAMI FL 33166
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT 98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 02, 98

Date

(305) 599-0850

Daytime Phone #

CR2E037 (5/98)