

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90139 015 \*\*\*\*61.25

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1. Corporation Name

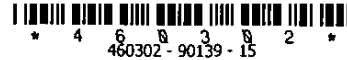
NICARAGUAN AMERICAN CHAMBER OF COMMERCE, INC.

Principal Place of Business

3059 N.W. 107 AVENUE  
MIAMI FL 33172

Mailing Address

3059 N.W. 107 AVENUE  
MIAMI FL 33172



2. Principal Place of Business

21 9450 SW 72 ST

Suite, Apt. #, etc.

22 203

City & State

23 Miami, FL

Zip

24 33173

Country

2a. Mailing Address

26 P.O. Box 527723

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33150

Country

30

3. Date Incorporated or Qualified

04/20/1995

4. FEI Number

65-0581550

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

FONSECA, OSCAR  
3061 N.W. 107 AVENUE  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

Eduardo Pichardo

82 Street Address (P.O. Box Number is Not Acceptable)

12235 NW 7 TRAIL

83

84 City

MIAMI

FL

85 Zip Code  
33182

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

*Eduardo Pichardo*

EDUARDO PICHARDO - TREASURER

4-24-99

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 ☐ DELETE

NAME PT  
FONSECA, OSCAR  
STREET ADDRESS 3061 N.W. 107 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VPT  
ARGUELLO, ANA  
STREET ADDRESS 3059 N.W. 107 AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME TD  
CATILLO, LUIS  
STREET ADDRESS 3059 N.W. 107 AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME T  
PICARDO, EDUARDO  
STREET ADDRESS 3059 N.W. 107 AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME DT  
QUANT, RUDY  
STREET ADDRESS 3059 N.W. 107 AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME D  
ESPINOSA, MARIO  
STREET ADDRESS 3059 N.W. 107 AVENUE  
CITY-ST-ZIP MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PT  
ARGUELLO, ANA  
1.3 STREET ADDRESS 3059 NW 107 AVE.  
1.4 CITY-ST-ZIP MIAMI, FL. 33172

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPT  
SALAZAR, RENATO  
2.3 STREET ADDRESS 780 NW 42 AVE  
2.4 CITY-ST-ZIP MIAMI, FL. 33126

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME SD  
CASTILLO, LUIS  
3.3 STREET ADDRESS 3059 NW 107 AVE.  
3.4 CITY-ST-ZIP MIAMI, FL. 33172

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME TD  
PICHARDO, EDUARDO  
4.3 STREET ADDRESS 12235 NW 7 TRAIL  
4.4 CITY-ST-ZIP MIAMI, FL. 33182

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: *ANA ARGUELLO* 4-24-99 305-271-3053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0034109

CR2E037 (11/98)