

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001977 (6)

1. Corporation Name

CAMARA DE COMERCIO NICARAGUENSE USA, INC.

FILED

96 SEP 24 AM 8:45



Principal Place of Business 1001 W. FLAGLER ST. MIAMI FL 33130	Mailing Address 1001 W. FLAGLER ST. MIAMI FL 33130
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3. Date Incorporated or Qualified 04/26/1995	3a. Date of Last Report
4. FEI Number 65-0579773	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRES, JOSE G
18021 N.W. 41ST PLACE
MIAMI FL 33055

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	VENEGAS, LUIS
STREET ADDRESS	1001 W. FLAGLER ST.
CITY - ST - ZIP	MIAMI FL 33130
TITLE	VD
NAME	LARGAESPADA, CARLOS
STREET ADDRESS	7101 S.W. 8TH ST.
CITY - ST - ZIP	MIAMI FL 33144
TITLE	SD
NAME	TORREALBA, LUIS
STREET ADDRESS	11813 S.W. 210 ST.
CITY - ST - ZIP	MIAMI FL 33187
TITLE	EVP
NAME	HERNANDEZ, ROGER
STREET ADDRESS	3601 N.W. 2ND ST.
CITY - ST - ZIP	MIAMI FL 33125
TITLE	D
NAME	MONTAÑAN, OSCAR L
STREET ADDRESS	1182 N.W. 4TH ST.
CITY - ST - ZIP	MIAMI FL 33172
TITLE	EVP
NAME	TELLEZ, HUGO M
STREET ADDRESS	7600 WEST 30TH CT.
CITY - ST - ZIP	HIALEAH FL 33116

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	500001973823
2.3 STREET ADDRESS	-10/14/96-01039-012
2.4 CITY - ST - ZIP	*****61.25 *****61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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	

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)(k), 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 OFFICER OR DIRECTOR

Luis Vanegas

Date

Daytime Phone #

0000273

CR2E037 (3/96)