

FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000045 (2)**

1. Corporation Name

**THE BI-NATIONAL CHAMBER OF COMMERCE OF THE AMERI
CAS, INC.**



Principal Place of Business 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131	Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131-2847	3. Date Incorporated or Qualified 01/03/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 630666735	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent AVILA, ALCIDES I 701 BRICKELL AVENUE 30TH FLOOR MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name RAUL PEREZ-LOPEZ 82 Street Address (P.O. Box Number is Not Acceptable) 2666 Brickell Avenue 83 3rd Floor 84 City Miami FL 85 Zip Code 33129	
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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 *Raul Perez-Lopez* **Raul Perez-Lopez** **April 23, 1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Raul Perez-Lopez
STREET ADDRESS		1.3 STREET ADDRESS	2666 Brickell Avenue, 3rd Floor
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Lourdes Rodriguez
STREET ADDRESS		2.3 STREET ADDRESS	1101 Brickell Ave., Suite 1102-A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Roberto Cozzi
STREET ADDRESS		3.3 STREET ADDRESS	7136 S.W. 47th St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Cesar Menchaca
STREET ADDRESS		4.3 STREET ADDRESS	6119 N.W. 72 Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Raul Perez-Lopez* **Raul Perez-Lopez** **04-23-97** **(305) 858-1516**

CR2E037 (9/96)