FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 28 1997 8:00am
Secretary of State

DOCUMENT # N96000004624 (0)

1. Corporation Name
CAMARA DE COMERCIO CANARIA-AMERICANA, INC.

[redacted]

Principal Place of Business	Mailing Address
P.O.BOX #442119 MIAMI, FL., 33144	P.O.BOX #442119 MIAMI, FL., 33144

3. Date Incorporated or Qualified: 09/06/1996
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: [X] Applied For [ ] Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution [X] $5.00 May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

LARAPARRILLA, ERNESTO
85 GRAND CANAL DR. #200
MIAMI, FL. 33144

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 500002204475
83 -06/06/97--01073--033
***75.00
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPresident ERNESTO LARA PARRILLA 85 GRAND CANAL DR. #200 Miami, Fl. 33144 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TFirst Vice-President FRANCISCO J. LORENZO SANCHEZ Carvajal 2-4 D 33004 Las Palmas de Gran Canaria ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVice Presidnt. TOMAS LOPEZ MONZON 20580 S.W. 125th Ct. Miami, Fl. 33177 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TFirst Vice-Treasurer JULIO BARRIOS CAMAROTTI 9401 S.W. 4th St. #307 Miami, Fl. 33174 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTreasurer TOMAS VILLAR ESTREMS Grand Canal Dr. #200 Miami, Fl. 33144 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DSec.Forein Relations LOURDES RUIZ FAJARDO 7540 W.Flagler St. Miami, Fl., 33144 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSecretary DR.RODOLFO NODAL TARAFA 10865 S.W. 112th Av. Miami, Fl. 33176 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TFirst ViceSec.ForeinRel. JUAN Z. CURA 5801 Coral Way Miami, Fl. 33155 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DExecutive Vice-Presd. DR.ERNESTO ABERASTURIA 575 S.W. 84th Av. Miami, Fl. 33144 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DsecondVice-ForeinRelt. DR.LUIS G.GOVANTES LOBATO 363 WASHINGTON AV. #6 MIAMI BEACH, FL.33139 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TFirst Vice-Secretary DR.ERNESTO VALDES 3446 S.W. 8th St. Miami, Fl. 33135 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D RUBEN O.BARBUSCIO GIANNINI 11302 N.W. 1st. Terrace Miami, Fl. 33172 ☐ Change ☐ Addition

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: [redacted] 04/25/97 (305)267-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0028461