

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001373

**FILED**  
**Jan 08, 2004**  
**Secretary of State****Entity Name:** MIAMI BEACH HISPANIC CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**1620 DREXEL AVE.  
MIAMI, FL 33139**New Principal Place of Business:**510 LINCOLN ROAD  
MIAMI BEACH, FL 33139**Current Mailing Address:**1620 DREXEL AVE.  
2ND FLOOR  
MIAMI, FL 33139**New Mailing Address:**510 LINCOLN ROAD  
MIAMI BEACH, FL 33139**FEI Number:** 65-0288999**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CALVANI, GRACE  
1620 DREXEL AVE  
2ND FLOOR  
MIAMI BEACH, FL 33139**Name and Address of New Registered Agent:**CALVANI, GRACE  
510 LINCOLN ROAD  
MIAMI BEACH, FL 33139

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

01/08/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** ED ( ) Delete  
**Name:** CALVANI, GRACE  
**Address:** 1620 DREXEL AVE  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** DP ( ) Delete  
**Name:** GONGORA, MICHAEL  
**Address:** 1620 DREXEL AVE  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** VP ( ) Delete  
**Name:** DIEZ, MARIA  
**Address:** 1620 DREXEL AVE  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** S ( ) Delete  
**Name:** WARSZAWSKI, HANNY  
**Address:** 1620 DREXEL AVE  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** VS ( ) Delete  
**Name:** ORTIZ, SANDY  
**Address:** 1620 DREXEL AVE  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** T ( ) Delete  
**Name:** GINART, JANE  
**Address:** 1620 DREXEL AVE  
**City-St-Zip:** MIAMI BEACH, FL 33139**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** CALVANI, GRACE  
**Address:** 510 LINCOLN ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** CHAI (X) Change ( ) Addition  
**Name:** DIEZ, MARIA  
**Address:** 510 LINCOLN ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** VC (X) Change ( ) Addition  
**Name:** JOHNSON, BILL  
**Address:** 510 LINCOLN ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** T (X) Change ( ) Addition  
**Name:** CABRERA, GUILLERMO  
**Address:** 510 LINCOLN ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** S (X) Change ( ) Addition  
**Name:** ORTIZ, SANDY  
**Address:** 510 LINCOLN ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** VS (X) Change ( ) Addition  
**Name:** MARTINEZ, DORAMIR  
**Address:** 510 LINCOLN ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE CALVANI

PRES

01/08/2004

Electronic Signature of Signing Officer or Director

Date