

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752927

**Entity Name:** SPAIN - U.S. CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

2153 CORAL WAY  
SUITE 400  
MIAMI, FL 33145

**FILED**  
**Mar 07, 2022**  
**Secretary of State**  
**6360727959CC**

**Current Mailing Address:**

2153 CORAL WAY  
SUITE 400  
MIAMI, FL 33145 US

**FEI Number: 59-2043472**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CUNNINGHAM, NICOLE  
2320 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

*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: NICOLE CUNNINGHAM**

**03/07/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ESTADES, JAVIER  
Address 2153 CORAL WAY  
SUITE 400  
City-State-Zip: MIAMI FL 33145

Title 1VPD  
Name LACASA, JOSE MARIA  
Address 2153 CORAL WAY  
SUITE 400  
City-State-Zip: MIAMI FL 33145

Title 2VPD  
Name MÓNICA, VAZQUEZ  
Address 2153 CORAL WAY  
4TH FLOOR  
City-State-Zip: MIAMI FL 33145

Title SECRETARY  
Name ALONSO, FERNANDO  
Address 2153 CORAL WAY  
4TH FLOOR  
City-State-Zip: MIAMI FL 33145

Title EXECUTIVE DIRECTOR  
Name PEREIRA, JUAN CARLOS  
Address 2153 CORAL WAY  
4TH FLOOR  
City-State-Zip: MIAMI FL 33145

Title TREASURER  
Name LLADO, MAURICI  
Address 2153 CORAL WAY  
SUITE 400  
City-State-Zip: MIAMI FL 33145

*I hereby 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 all other like empowered.*

**SIGNATURE: JUAN CARLOS PEREIRA**

**EXECUTIVE DIRECTOR**

**03/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date