

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752927

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC7535559088**

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

**Current Principal Place of Business:**

1221 BRICKELL AVE  
STE 1540  
MIAMI, FL 33131

**Current Mailing Address:**

1221 BRICKELL AVE  
STE 1540  
MIAMI, FL 33131 US

**FEI Number:** 59-2043472

**Certificate of Status Desired:** No

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

BRAVAR, LAURO  
1221 BRICKELL AVE  
STE 1540  
MIAMI, FL 33131 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:** LAURO BRAVAR

01/13/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRAVAR, LAURO  
Address        1221 BRICKELL AVE  
                  STE 1540  
City-State-Zip: MIAMI FL 33131

Title            1VPD  
Name            DE LOS REYES, JOAQUIN  
Address        1221 BRICKELL AVE  
                  STE 1540  
City-State-Zip: MIAMI FL 33131

Title            2VPD  
Name            MARTINEZ-PEREZ, JUAN CARLOS  
Address        1221 BRICKELL AVE  
                  STE 1540  
City-State-Zip: MIAMI FL 33131

Title            SECRETARY  
Name            ALONSO, FERNANDO  
Address        1221 BRICKELL AVE  
                  STE 1540  
City-State-Zip: MIAMI FL 33131

Title            TREASURER  
Name            ROSELL, JORGE  
Address        1221 BRICKELL AVE  
                  STE 1540  
City-State-Zip: MIAMI FL 33131

Title            DIRECTOR  
Name            PEREZ-PALENCIA, JAVIER  
Address        1221 BRICKELL AVE  
                  STE 1540  
City-State-Zip: MIAMI FL 33131

*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:** JAVIER PEREZ-PALENCIA

**DIRECTOR**

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date