

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004019

**FILED**  
**Jan 29, 2018**  
**Secretary of State**  
**CC2553414117**

**Entity Name:** MIAMI BEACH LATIN CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

1620 DREXEL AVENUE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1620 DREXEL AVENUE  
MIAMI BEACH, FL 33139 US

**FEI Number:** 65-0288999

**Certificate of Status Desired:** Yes

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

CALVANI, GRACE CEO  
1620 DREXEL AVENUE  
MIAMI BEACH, FL 33139 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:** GRACE CALVANI

01/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CH  
Name FABRE, JULIO  
Address 1620 DREXEL AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title VCH  
Name HUGO, VICTOR  
Address 1620 DREXEL AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title SCY  
Name VERJANO, LIZABETH  
Address 1620 DREXEL AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title VSCY  
Name DELGADO, LUCY  
Address 1620 DREXEL AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title TRE  
Name CASAL, MARIO  
Address 1620 DREXEL AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT/ CEO  
Name CALVANI, GRACE  
Address 1620 DREXEL AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

*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:** GRACE CALVANI

PRESIDENT

01/29/2018

Electronic Signature of Signing Officer/Director Detail

Date