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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713994

1. Corporation Name
CENTRO ASTURIANO DE TAMPA, INC.

Principal Place of Business	Mailing Address
TAMPA, FLORIDA 1913 NEBRASKA AVENUE TAMPA FL 33602	1913 NEBRASKA AVENUE TAMPA FL 33602

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/23/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0148165 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GARCIA, ELVIRA T
1913 NEBRASKA AVE
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ELVIRA T		1.2 NAME	
STREET ADDRESS	4805 MENDENHALL DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CIACCIO, EVA		2.2 NAME	
STREET ADDRESS	3115 CHERRY ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BLANCO, MANUEL J		3.2 NAME	
STREET ADDRESS	1402 N MATANZAS		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, JOE		4.2 NAME	
STREET ADDRESS	1519 RIVER LANE DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NIETO, ALBERT		5.2 NAME	
STREET ADDRESS	4200 W BEACHWAY DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, WILLIAM F		6.2 NAME	
STREET ADDRESS	4805 MENDENHALL DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Treasurer 4/23/99 (813) 229-2214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)