FILE NOW; FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:34

DOCUMENT # 734111 **(8)**

1. Corporation Name
LATIN CHAMBER OF COMMERCE OF THE TAMPA BAY AREA, INC.

Principal Place of Business	Mailing Address
4810 N CORTEZ AVE TAMPA FL 33614	4810 N CORTEZ AVE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1717804 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILLCUT, IRMA C
2802 W. OHIO
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: Lucero Hector M.
82 Street Address (P.O. Box Number is Not Acceptable): 6118 110th Ave.
83:
84 City: Tampa FL 85 Zip Code: 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 2/16/95
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	SD	11 TITLE	S.D.	☒ Change ☐ Addition
NAME	RIERA, GASTON	12 NAME	Pastrana, Alberto	
STREET ADDRESS	1305 TUSCOLA ROAD	13 STREET ADDRESS	1109 N Armenia Ave	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Tampa, Fl, 33609	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	WILLCUT, IRMA	22 NAME	Lucero, Hector M.	
STREET ADDRESS	2802 W. OHIO ST.	23 STREET ADDRESS	6118 110th Ave	
CITY-ST-ZIP	TAMPA, FL 00000	24 CITY-ST-ZIP	Tampa, Fl. 33617	
TITLE	TD	31 TITLE	T.D.	☒ Change ☐ Addition
NAME	CRUZ, AURELIO	32 NAME	VIDAL, Daniel A	
STREET ADDRESS	2702 WEST WOODLAWN	33 STREET ADDRESS	5510 N Dominis Ave. #1916	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa, Fl. 33614	
TITLE		41 TITLE	VD	☐ Change ☒ Addition
NAME		42 NAME	Laino, Osvaldo	
STREET ADDRESS		43 STREET ADDRESS	324 S. Hyde Park Ave Suite 275	
CITY-ST-ZIP		44 CITY-ST-ZIP	Tampa Fl. 33606	
TITLE		51 TITLE	VP	☐ Change ☒ Addition
NAME		52 NAME	Echevarry, Armando	
STREET ADDRESS		53 STREET ADDRESS	210 E. Whiting Ave	
CITY-ST-ZIP		54 CITY-ST-ZIP	Tampa, Fl. 33609	
TITLE		61 TITLE	V.P.	☐ Change ☒ Addition
NAME		62 NAME	Penn, Dr. Max R.	
STREET ADDRESS		63 STREET ADDRESS	6002 Chadwick Dr.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Tampa Fl. 33615	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 2/16/95 813 324-3338
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (REQUIRED) Date Daytime Phone #

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Page 2 of Report

DOCUMENT # 734111 (8)

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LATIN CHAMBER OF COMMERCE OF THE TAMPA BAY AREA, INC.

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TAMPA FL 33614

Mailing Address
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TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

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Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
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Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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WILLCUT, IRMA C
2802 W. OHIO
TAMPA FL 33607

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63
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change / Addition
1 1 TITLE	V P	☐ Change ☒ Addition
1 2 NAME	Sanchez, Luis	
1 3 STREET ADDRESS	1411 N. Westshore Blvd Suite [illegible]	
1 4 CITY-ST-ZIP	Tampa, Fl. 33607	
2 1 TITLE	V.P	☐ Change ☒ Addition
2 2 NAME	Gerard, Jean Claude	
2 3 STREET ADDRESS	425 Manor Blvd	
2 4 CITY-ST-ZIP	Tampa, Fl.	
3 1 TITLE	Director	☐ Change ☒ Addition
3 2 NAME	Joseph M. Martinez	
3 3 STREET ADDRESS	11004 Sunswept Pl.	
3 4 CITY-ST-ZIP	Tampa, Fl. 33624	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95 — Date
813-254-2858 — Daytime Phone #

0064200