

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>	 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # **734111** (8)

1. Corporation Name

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

Principal Place of Business

**4810 N CORTEZ AVE  
TAMPA FL 33614**

Mailing Address

**4810 N CORTEZ AVE  
TAMPA FL 33614**



3. Date Incorporated or Qualified  
**10/20/1975**

3a. Date of Last Report  
**02/24/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc. **26** **P.O. Box 15722**

**22** City & State

Suite, Apt. #, etc.

**23** Zip

Country

**27** City & State

**28** **TAMPA, FLORIDA**

**24** Zip

Country

**29** **33684**

**30** **Hillsborough**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HECTOR, LUCERO M  
6118 110TH AVE  
TAMPA FL 33617**

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

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 **SD** ☒ DELETE  
NAME **PASTRANA, ALBERTO**  
STREET ADDRESS **1109 N AMERICA AVE**  
CITY - ST - ZIP **TAMPA FL**

TITLE **PD** ☐ DELETE  
NAME **LUCERO, HECTOR M**  
STREET ADDRESS **6118 110TH AVE**  
CITY - ST - ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE  
NAME **VIDAL, DANIEL A**  
STREET ADDRESS **5518 N HINES AVE #1018**  
CITY - ST - ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE  
NAME **LAINO, OSVALDO**  
STREET ADDRESS **324 S HYDE PARK AVE., STE. 275**  
CITY - ST - ZIP **TAMPA FL**

TITLE **VP** ☐ DELETE  
NAME **ECHEVERRY, ARMANDO**  
STREET ADDRESS **206 E WATERS AVE**  
CITY - ST - ZIP **TAMPA FL**

TITLE **VP** ☒ DELETE  
NAME **PENA, MAX R**  
STREET ADDRESS **8602 CHADWICK DR**  
CITY - ST - ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
1.2 NAME **JOE MARTINEZ**  
1.3 STREET ADDRESS **4810 N. CORTEZ AVE (ALTERNATE)**  
1.4 CITY - ST - ZIP **TAMPA, FL 33614**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **ALTERNATE (ALTERNATE PURPOSES)**  
3.3 STREET ADDRESS **4810 N CORTEZ AVE**  
3.4 CITY - ST - ZIP **TAMPA, FL 33614**

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 **GISELA BUSCO VICE PRES.** ☐ Change ☐ Addition  
6.2 NAME **GISELA BUSCO**  
6.3 STREET ADDRESS **4810 N. CORTEZ AVE (ALTERNATE)**  
6.4 CITY - ST - ZIP **TAMPA, FL 33614**

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:

**Laura J. Pena**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/23/96** **813 875-3060**

CR2E037 (3/96)