

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734111** (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**4810 N CORTEZ AVE  
TAMPA FL 33614**

**P.O. BOX 15722  
TAMPA FL 33614  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/20/1975** 3a. Date of Last Report **06/27/1996**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip **33684** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HECTOR, LUCERO M~~ **J. OSVALDO LAINO**  
~~6118 110TH AVE~~ **324 S HYDE PARK STE 275**  
~~TAMPA FL 33617~~ **TAMPA, FL**

81 Name **J. OSVALDO LAINO**  
82 Street Address (P.O. Box Number is Not Acceptable) **324 S HYDE PARK SUITE 275**  
83  
84 City **TAMPA** FL 85 Zip Code **33602**

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 type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **MARTINEZ, JOE**  
STREET ADDRESS **4810 N CORTEZ**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **VD** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **SAME**  
1.4 CITY-ST-ZIP

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

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

TITLE ☐ DELETE  
NAME **VIDAL, DANIEL A**  
STREET ADDRESS **4810 N CORTEZ**  
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE **PRESIDENT D** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **SAME**  
4.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME ~~BOHEVERRY, ARMANDO~~ **JUAN CLAUDE GERARD**  
STREET ADDRESS **206 E WATERS AVE**  
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE **VICE PRESIDENT D** ☐ Change ☒ Addition  
5.2 NAME **JUAN CLAUDE GERARD**  
5.3 STREET ADDRESS **4810 N. CORTEZ AVE**  
5.4 CITY-ST-ZIP **TAMPA, FLORIDA**

TITLE ☐ DELETE  
NAME **BUSCO, GISELA**  
STREET ADDRESS **4810 N CORTEZ**  
CITY-ST-ZIP **TAMPA FL**

6.1 TITLE **VD** ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS **SAME**  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE **OSVALDO LAINO** SIGNATURE REQUIRED

**734111 813 015 33614**

CP2E037 (4/97)