## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

171

1. Corporation		ONOMIC DEVELO		( / ) CORPORATION	N							
Principal Place of Business				Mailing Address					-{		BIBIN BHAH BHAN BN	411 61911 1841
2112 N. 15TH ST. 2ND FLOOR TAMPA FL 33605				2112 N. 15TH ST. 2ND FLOOR TAMPA FL 33605-3648								
	-								<ol> <li>Date Incorporated or Qualified 01/31/1983</li> </ol>	3a. I	Date of Last Re 02/05/199	eport <b>36</b>
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			plied For
21				26					59-2254178		No	t Applicable
Suite, Apt #, etc.				Suite. Apt. #, etc.					5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re	
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
23				28					Trust Fund Contribution		Added t	
Zip		Country 25	100	Zip	30	Country			This corporation has liability for Florida Statules	r intangib Yes		199.032,
24	9, Name	and Address of Curr	ent Regist	<u> </u>			~	10. Name and Address of New Registered Agent				
						81	Name					
RODRIGUEZ JR., SANTOS H.							Street	Addre	ddress (P.O. Box Number is Not Acceptable)			
2112 N. 15TH STREET										———		
2ND FLOOR												_
TAMPA FL 33605							City			F	<b>85</b> Zip (	Code
11. Pursuant	to the provis	ions of Sections 617.0	502 and 6	17.1508, Florida Statu	ites, the	above	named	d corpo	oration submits this statement for the on's board of directors. I hereby acc	purpose	of changing its	s registered
agent. I a	ım familiar wi	th, and accept the ob-	ligations of	, Section 617.0503, F	torida St	tatutes		rpo Ba	5.70 board of directors 1 floroby dee	op. tile ti	ppointmont ac	registeret
SIGNATURE	Signature, typicst	or publical nation of registered a	age til noch bile	rt spolarable (NO	II Hecisle	ited Apri	et signatur	c teaure	d when reinstating)	DATE		
12.		OFFICERS A			13				ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTOR	S IN 12
TITLE	P			☐ DELETE	1.1	TITLE					Change	Addition
NAME		UEZ, SANTOS H.			1.2	NAME						
STREET ADDRESS	I	15th St., 2nd Flo	_OOR			1.3 STREET FADDRESS						
CITY-ST-ZIP TAMPA FL 33605						1.4 CHY-SI-ZIP						
TITLE	D-C	IOOF	LJ beter			2.1 THE					Change	Addition
NAME	VIVERO,		nnp			NAME						
STREET ADDRESS	L	15TH ST., 2ND FLO Fl 33605	OUR				ADDRESS					
CITY-ST-ZIP TITLE	S	FL 33003		DELETE		4 Chy - 9 I 111UF	H - 7 P	+	<del></del>		Change	Addition
NAME		RONALD G				NAME					onenge	
STREET ADDRESS		15TH ST., 2ND FLO	OOR				ADDRESS					
CITY-ST-ZIP		FL 33605	• • • • • • • • • • • • • • • • • • • •			CITY-S						
TITLE	D-C			DELETE		TILLE		D-	-C		K Change	Addition
NAME	LITTLE, TIMOTHY J						4. 2 NAME		isher, Herbert R		•	
STREET ADDRESS	2112 N.	15TH ST., 2ND FLO	00R		43	STREET	ADDRESS		112 N. 15th St.,	2nd	F7 -	
CITY-ST-ZIP	TAMPA	FL 33605			4.4	CHY-S	1 - 71P		ampa, Fl 33605			
TITLE	T			DELETE	51	THE					Change	Addition
NAME		MARYANNE			5.2	MAME		1				
STREET ADDRESS		15TH ST., 2ND FLO	OOR				ADDRESS					
CITY-ST-ZIP		FL 33605		DELETE		CHY-S	1-7IP	<del> </del>			Ohana-	A a and a a
TITLE	D-VC	NDEZ, GIL		LJ ULITIE	- 6	THILE		1			Change	☐ Addition
NAME STREET ADDRESS		15TH ST., 2ND FLI	<b>OOR</b>		i i	NAME Service	ADDDCC0					
CITY-ST-ZIP		FL 33605	0011			S STREET S CITY - S	ADDRESS T-ZIP					
0111.01.01	4 4 44 44 4 4 4				0.4	,	4.5	1				

6.4 CITY - ST - 74P 14. I do hereby certify that the information supplied with this filling 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

1/13/07

**FILED** 

Jan 30 1997 8:00am

Secretary of State