

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthagen
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 SEP 25 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24631 (6)
1. Corporation Name

LATIN CHAMBER OF COMMERCE OF BROWARD
COUNTY, INC.

Principal Place of Business

Mailing Address

4801 S. University Dr. 4801 S. University Dr.
Ft. Lauderdale, FL 33328 Ft. Lauderdale, FL 33328

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

3. Date Incorporated or Qualified

02/02/1988

3a. Date of Last Report

8/14/96

4. FEI Number

65-0074391

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

Marina Garcia Wood
2900 Griffin Road, Suite 1
Fort Lauderdale, FL 33312

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

Marina Garcia Wood

Registered Agent

8/26/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P
STREET ADDRESS Reyes, Carlos
CITY-ST-ZIP 1141 NW 173rd Avenue
Plantation, FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS Cespedes, Edwin
CITY-ST-ZIP o/o Alamo, 110 SE 6th Street
Ft. Lauderdale, FL 33301

TITLE ☐ DELETE

NAME DTV
STREET ADDRESS Juarez, Epifanio
CITY-ST-ZIP c/o First Union 8900 Pines Blvd
Pembroke Pines, FL 33024

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D

Juarez, Epifanio
c/o Barnett Bank

2335 E. Atlantic Blvd. Pompano FL

T/D

Pelletier, Mariana
3151 S. Cypress Road #410

Pompano Bch, FL 33060

VT/D

Lopez, Jose Pepe
3725 S. Ocean Drive #621

Hollywood, FL 33019

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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

José Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-97

Date

456-7775

Daytime Phone #

92E037 (9/96)