

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N35011 (8)

1. Corporation Name

SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

3343 PALM BEACH BLVD.
FORT MYERS FL 33916

3343 PALM BEACH BLVD.
FORT MYERS FL 33916

3. Date Incorporated or Qualified
11/02/1989

3a. Date of Last Report
09/19/1995

2. Principal Place of Business

2a. Mailing Address

21 3343 Palm Beach Blvd.

26 3343 Palm Beach Blvd.

4. FEI Number
65-0154409

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Ft. Myers, FLORIDA

28 Ft. Myers, FLORIDA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33916

25 USA

29 33916

30 USA

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

WHIDDEN, CATH JO
3343 PALM BEACH BLVD.
FT MYERS FL 33916

81 Name
Moises Pereira

82 Street Address (P.O. Box Number, is Not Acceptable)
12535 NEW BRITANNY BLVD.

83

84 City Ft. Myers FL 85 Zip Code 33907

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

Moises Pereira - President 4/28/1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHIDDEN, CATHY JO	
STREET ADDRESS	3343 PALM BEACH BLVD.	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARILL, JOHN	
STREET ADDRESS	3422 WILLARD STREET	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEREIRA, MOISES	
STREET ADDRESS	12535 NEW BRITANNY BLVD., #28	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RIOS, ROSAURA	
STREET ADDRESS	3345 PALM BEACH BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FLORES, CHARLIE	
STREET ADDRESS	2320 COLONIAL BLVD.	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCARSELLATO, MARIANELA	
STREET ADDRESS	12220 TOWNE LAKE DR.	
CITY-ST-ZIP	FT. MEYERS FL 33913	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D Moises Pereira
1.3 STREET ADDRESS	2569 SW 28TH PL.
1.4 CITY-ST-ZIP	Cape Coral, FL. 33914
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/D MARY JOHNSON
2.3 STREET ADDRESS	1060 VESPER DR.
2.4 CITY-ST-ZIP	FT. MYERS, FL. 33901
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD SHEPA
3.3 STREET ADDRESS	3631 WINKLER AVE. EXT.
3.4 CITY-ST-ZIP	FT MYERS, FL. 33901
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/D DORCENA WOODMAN MEDINA
4.3 STREET ADDRESS	2916 SE SANTA BARBARA PK.
4.4 CITY-ST-ZIP	Cape Coral, FL. 33904
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T/D JULIO GONZALEZ
5.3 STREET ADDRESS	18965 CYPRESS VIEW DR.
5.4 CITY-ST-ZIP	FT MYERS, FL. 33912
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D CATHY JO WHIDDEN
6.3 STREET ADDRESS	3343 Palm Beach Blvd.
6.4 CITY-ST-ZIP	FT. MYERS, FL. 33916

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: *Moises Pereira* 4/28/96 (944) 277-2651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)