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**Secretary of State**

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0090696

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N35011

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



2. Principal Place of Business

2a. Mailing Address

21 10051 McGregor Blvd

26 10051 McGregor Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

City & State

City & State

23 Ft. Myers, FL

28 Ft. Myers, FL

Zip Country

Zip Country

24 33919 25

29 33919 30

3. Date Incorporated or Qualified

11/02/1989

4. FEI Number

65-0154409

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DIAZ, JAVIER E  
 18201 LEE RD  
 FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name **Tulio G. Suarez**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1714 Cape Coral Parkway E**  
 83  
 84 City **Cape Coral** FL 85 Zip Code **33904**

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

*[Signature]* 1/23/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	DA FROTA, ROBERT	
STREET ADDRESS	7204 SWAN LAKE DR	
CITY-ST-ZIP	FT MY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, MARY	
STREET ADDRESS	1060 VESPEE DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, JAVIER E	
STREET ADDRESS	18201 LEE RD	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BAILOR, JEANNETTE	
STREET ADDRESS	3929 SE 18TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FATIMA, MUSTAFA	
STREET ADDRESS	11934 FAIRWAY LAKES DR	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	WHIDDEN, CATHY JO	
STREET ADDRESS	3343 PALM BEACH BLVD	
CITY-ST-ZIP	FT MYERS FL	

1.1 TITLE	Tr D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tulio G. Suarez	
2.3 STREET ADDRESS	1735 Brantley Rd. # 1211	
2.4 CITY-ST-ZIP	Ft. Myers, FL 33907	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P. Michael Villalobos	
3.3 STREET ADDRESS	1819 Rhonda Street	
3.4 CITY-ST-ZIP	Fort Myers, FL 33901	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tim Tulp	
4.3 STREET ADDRESS	124 SE 37th Street	
4.4 CITY-ST-ZIP	Cape Coral, FL 33904	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Nancy Torres	
6.3 STREET ADDRESS	1719 SE 12th Terrace	
6.4 CITY-ST-ZIP	Cape Coral, FL 33990	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED

1/23/99

941/542-4733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)