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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N44020 (8)

1. Corporation Name

~~LATIN CHAMBER OF COMMERCE OF CENTRAL FLORIDA, IN~~
-C- HISPANIC CHAMBER OF COMMERCE OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
1200 WEST COLONIAL DR STE. 902 ORLANDO FL 32802 US	P.O. BOX 1297 ORLANDO FL 32802-1297

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 3700 34TH STREET
Suite, Apt. #, etc.
22 SUITE 100
City & State
23 ORLANDO, FL
Zip 24 32805 Country 25

2a. Mailing Address
26 3700 34TH STREET
Suite, Apt. #, etc.
27 SUITE 100
City & State
28 ORLANDO, FL
Zip 29 32805 Country 30

4. FEI Number: 59-3103840 ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: ANTONIO LEMUS C.P.A. P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 112 MARCIA DRIVE
83
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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 _____ 4/22/97
Signature, typed 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIAZ, VICTOR A 1101 N. LAKE DESTINY DR STE 105 MAITLAND FL 32751	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P, D Teresa deArrigoita c/o Rahl & Short, PA 250 W. Canton Ave., Ste. 250 Winter Park, FL 32789 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CARRION, LOUIS 555 LAKE PORTER DR. APOPKANTE SPRINGS FL 32703	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP, D Linda Gonzalez c/o Barnett Bank 390 N. Orange Ave., Suite 850 Orlando, FL 32801 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD MC CALL, MERCY 444 EAST MICHIGAN AVENUE ORLANDOPARK FL 32806	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PP, D Victor Diaz c/o Holohan & Diaz, PA 1101 N. Lake Destiny Dr., Ste 105 Maitland, FL 32751 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED PRIETO, GUILLERMO 3001 ALOMA AVE STE 112 WINTER PARK FL 32792	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PE, D Ricardo Pesquera 930 Woodcock Road, Suite 234 Orlando, FL 32819 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEMUS, ANTONIO 112 MARCIA DR ALTAMONTE SPRINGS FL 32714	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAMAYO, RAIZA 508 CLIFTON AVENUE ORLANDO FL 32808	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

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.