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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90131 031 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N44020**

1. Corporation Name

**HISPANIC CHAMBER OF COMMERCE OF CENTRAL FLORIDA,  
INC.**

Principal Place of Business

**3700 34TH STREET  
SUITE 100  
ORLANDO FL 32805  
US**

Mailing Address

**3700 34TH STREET  
SUITE 100  
ORLANDO FL 32805  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

**06/24/1991**

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

9. Name and Address of Current Registered Agent

**LEMUS, ANTONIO C PA  
112 MARCIA DRIVE  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name

**MARTINEZ, HECTOR L.**

82 Street Address (P.O. Box Number is Not Acceptable)

**1640 LEE ROAD**

83

84 City

**WINTER PARK**

FL

85 Zip Code

**32789**

11. Pursuant to the provisions of Sections 617.0502 and 617.1502, 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 617.0502, Florida Statutes.

SIGNATURE

Signature of person or named name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/25/99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **PESQUERA, RICHARDO R**  
STREET ADDRESS **646 EAST COLONIAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VPD** ☐ DELETE  
NAME **HERNANDEZ, RICK**  
STREET ADDRESS **P O BOX 195155 N/A**  
CITY-ST-ZIP **WINTER SPRINGS FL 32719**

TITLE **PED** ☒ DELETE  
NAME **CALVET, CESAR E**  
STREET ADDRESS **200 S. ORANGE AVE**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **S** ☒ DELETE  
NAME **MERKEL, KURT**  
STREET ADDRESS **228 WEBER STREET**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **T** ☒ DELETE  
NAME **VARGAS-RODRIGUEZ, MARTA**  
STREET ADDRESS **800 N MAGNOLIA AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **AS** ☒ DELETE  
NAME **PINTO, CHRISTINA M**  
STREET ADDRESS **15 W CHURCH STREET**  
CITY-ST-ZIP **ORLANDO FL 32801**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **CESAR E. CALVET**  
1.3 STREET ADDRESS **200 S. ORANGE AVE, TOWER 12**  
1.4 CITY-ST-ZIP **ORLANDO, FL 32801**

2.1 TITLE **PED** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VPD** ☐ Change ☒ Addition  
3.2 NAME **RAIZA TAMAYO**  
3.3 STREET ADDRESS **508 CLIFTON STREET**  
3.4 CITY-ST-ZIP **Orlando, FL 32808**

4.1 TITLE **S** ☐ Change ☒ Addition  
4.2 NAME **LIA LOPEZ**  
4.3 STREET ADDRESS **1000 N. MAGNOLIA AVENUE**  
4.4 CITY-ST-ZIP **Orlando, FL 32803**

5.1 TITLE **T** ☐ Change ☒ Addition  
5.2 NAME **HECTOR L. MARTINEZ**  
5.3 STREET ADDRESS **1640 LEE ROAD**  
5.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **MARIO A. GARCIA, ESQ.**  
6.3 STREET ADDRESS **225 EAST ROBINSON ST, STE 540**  
6.4 CITY-ST-ZIP **ORLANDO, FL 32801**

14. I 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 incorporator 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 REQUIRED**

**CESAR E. CALVET 2/10/99**

**407-424-5870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)