NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

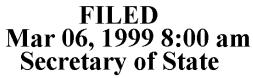
DOCUMENT # N44020

1. Corporation Name

HISPANIC CHAMBER OF COMMERCE OF CENTRAL FLORIDA, INC.

Principal Place of Bus	sines
3700 34TH STREET	
Suite 100	
ORLANDO FL 32805	
HE	

Mailing Address 3700 34TH STREET SUITE 100 ORLANDO FL 32800



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



ORLANDO FL	32805	ORLANDO F	L 32805		T (BANKLAN AND AFRIN AFRIN ABNIA ILAN) BANI Arbit Arbit Arbit Afrin Afrin Arbit Andre isan
US		US			
_					
2. Principal Pl	ace of Business	2a. Mailing	Address		3. Date Incorporated or Qualifed 06/24/1991
21		26			4. FEI Number Applied For
Suite, Apt.	#, etc.	——————————————————————————————————————	pt. #, etc.		59-3 103840 Not Applied For
22		27			\$8.75 Additional
City & State	8	City & S	State		5. Certificate of Status Desired Fee Required
23	Country	28 Zip		Country	6 Flortion Compaign Financing \$5.00 May Ro
Zip		29	30		Trust Fund Contribution Added to Fees
24	9. Name and Address of Current			<u>'</u>	10. Name and Address of New Registered Agent
	- Harris and Madross of Garyon	o constant	<u> </u>	81 Name	
I CAMIC A	LONGO ANTONIO O DA			MF	ARTINEZ, HECTOR L.
	NTONIO C PA			82 Street	Address (P.O. Box Number is Not Acceptable)
112 MARCIA DRIVE ALTAMONTE SPRINGS FL 32714				83	10 000 110110
ALIMIUN	IE SPRINGS FL 32/ 14				log 70 Code
				84 80	INTER PARK FL 85 32789
11. Pursuant	to the provisions of Sections 617.050	and 617.1508	Florida Statutes,	the above-named	Corporation submits this statement for the purpose of changing its registered to contain the corporation of directors. I hereby accept the appointment as registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	ons of Section	change was auth	onzed by the corp - Statutes.	toragion's board of directors. Thereby accept the appointment as regions to
	100		1/20	<i>-</i> >	1/25/99
SIGNATURE	Signature (voet of bointed name of registered agent	and other if applicable.	(NOTE: Be	gistered Agent signature	required when reinstating) PATE
12.	OFFICERS AND			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD/		DELETE	1.1 TITLE	PD Change DAddition
NAME	PESQUERA, RICHARDO R			1.2 NAME	
STREET ADDRESS	646 EAST COLONIAL DRIVE			1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803		F1	1.4 CITY-ST-ZIP	ORLANDO, FL 32801 Change Addition
TITLE	VPD		☐ DELETE	2.1 TITLE	PED Addition
NAME	HERNANDEZ, RICK			2.2 NAME	
STREET ADDRESS	P O BOX 195155 N/A			2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32719			-2:4 CITY-ST-ZIP-	VPD □ Change ☑ Addition
TITLE	PED		DELETE	3.1 TITLE	1 5.5.
NAME	CALVET, CESAR E			3.2 NAME	RAIZA TAMAYO
STREET ADDRESS	200 S. ORANGE AVE			3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		Minerere	3.4. CITY-ST-ZIP	Orlando FL 32808
TITLE	S NEDVEL WIDT		DELETE	4.1 TITLE	
NAME	MERKEL, KURT			4. 2 NAME	LIA LOPEZ 1000 N. MAGNOTIA AVENUE
STREET ADDRESS	228 WEBER STREET			4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803		T nei ere	4.4 CITY-ST-ZIP	Orlando FL 32800
TITLE	VADOAC DODDICHEZ MADEA		X) DELETE	5.1 TITLE 5.2 NAME	HECTORL, MARTINEZ
NAME	VARGAS-RODRIGUEZ, MARTA			5.3 STREET ADDRESS	1 · · · · · · · · · · · · · · · · · · ·
STREET ADORESS	800 N MAGNOLIA AVENUE			5.4 CITY-ST-ZIP	WINTER PARK, FL 32789
CITY-ST-ZIP	ORLANDO FL 32803		▼ DELETE	6.1 TITLE	Change Addition
TITLE	AS CUDICTIMA M		y out the	6.2 NAME	MARIO A. GARCIA, ESQ.
NAME	PINTO, CHRISTINA M			6.3 STREET ADDRESS	
STREET ADDRESS					1 001 ENDI DUDINGON DI, GILGTO
CITY-ST-ZIP	ORLANDO FL 32801			6.4 CITY-ST-ZIP	ORLANDO, FL 32801

14. Thereby 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 any officer or director of the corporation or the corporation

SIGNATURE:

SIGNATURE KAND TYPED OR PRINTED MAND STRING OFFICE OR DIRECTOR

E CALVE 2/10/91

407-428-5870

CRZE