

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 # **N46956** (1)

1. Corporation Name

**PUERTO RICO CHAMBER OF COMMERCE GULF COAST OF FL
ORIDA, INC.**

900001768819

-04/04/96--01012--021

***61.25



Principal Place of Business

Mailing Address

7402 NORTH 56TH STREET
SUITE 906
TAMPA FL 33617

7402 NORTH 56TH STREET
SUITE 906
TAMPA FL 33617

3. Date Incorporated or Qualified
01/23/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **5103 MEMORIAL HWY**

26 **5103 MEMORIAL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **TAMPA, FL.**

27 **TAMPA, FL**

City & State

City & State

23

28

Zip

Country

Zip

Country

24 **33634**

25 **HILLSBOROUGH**

33634

30 **HILLSBOROUGH**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMOS, JOSE S.
7402 NORTH 56TH STREET
SUITE 906
TAMPA FL 33617**

81 Name

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

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **MATOS, ERIC E**
STREET ADDRESS **7402 N 56TH ST SUITE 906**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **E. ROCK ROQUE**
1.3 STREET ADDRESS **5103 MEMORIAL HWY.**
1.4 CITY-ST-ZIP **TAMPA, FL. 33634** ☐ Change ☒ Addition

TITLE **VPD** ☒ DELETE
NAME **PASCUAL, ENRIQUE**
STREET ADDRESS **7402 N 56TH ST SUITE 906**
CITY-ST-ZIP **TAMPA**

2.1 TITLE **V.P. D.** ☐ Change ☒ Addition
2.2 NAME **JOSE HERNANDEZ-SOSA**
2.3 STREET ADDRESS **5103 MEMORIAL HWY**
2.4 CITY-ST-ZIP **TAMPA, FL. 33634** ☐ Change ☒ Addition

TITLE **SD** ☒ DELETE
NAME **RAMOS, MINERVA F**
STREET ADDRESS **7402 N. 56TH ST. STE. 906**
CITY-ST-ZIP **TAMPA FL 33617**

3.1 TITLE **V.P.D.** ☐ Change ☒ Addition
3.2 NAME **CHRISTINA REYES**
3.3 STREET ADDRESS **5103 MEMORIAL HWY.**
3.4 CITY-ST-ZIP **TAMPA, FL. 33634** ☐ Change ☒ Addition

TITLE **TD** ☒ DELETE
NAME **CINTRON, JUAN I**
STREET ADDRESS **7402 N 56TH ST SUITE 906**
CITY-ST-ZIP **TAMPA F**

4.1 TITLE **SECRETARY** ☐ Change ☒ Addition
4.2 NAME **JENNIE ROQUE**
4.3 STREET ADDRESS **5103 MEMORIAL HWY.**
4.4 CITY-ST-ZIP **TAMPA, FL. 33634** ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **TREASURE** ☐ Change ☒ Addition
5.2 NAME **HECTOR COLL**
5.3 STREET ADDRESS **5103 MEMORIAL HWY.**
5.4 CITY-ST-ZIP **TAMPA, FL. 33634** ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **ASSTN. SEC.** ☐ Change ☒ Addition
6.2 NAME **J.R. RIVERA**
6.3 STREET ADDRESS **5103 MEMORIAL HWY.**
6.4 CITY-ST-ZIP **TAMPA, FL. 33634** ☐ Change ☒ Addition

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 19.07(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 has 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:

E. Rock Roque

E. ROCK ROQUE - P/D.

(813) 886-3420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)