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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46956** (1)

1. Corporation Name

PUERTO RICO CHAMBER OF COMMERCE GULF COAST OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5103 MEMORIAL HWY.
TAMPA FL 33634

5103 MEMORIAL HWY.
TAMPA FL 33634-7356



3. Date Incorporated or Qualified
01/23/1992

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 **7402 N. 56TH ST.**
Suite, Apt. #, etc.

26 **P.O. BOX 25011**
Suite, Apt. #, etc.

22 **SUITE 906**
City & State

27
City & State

23 **TAMPA, FL.**
Zip

28 **TAMPA, FL.**
Zip

24 **33617**

25 **HILLSBOROUGH**

33622

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	E. ROCK ROQUE	
STREET ADDRESS	5103 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33634	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANGEL E. CINTRON	
1.3 STREET ADDRESS	7402 N. 56TH ST. STE. 906	
1.4 CITY-ST-ZIP	TAMPA, FL. 33617	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JOSE HERNANDEZ-SOZA	
STREET ADDRESS	5103 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33634	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	REYES, CHRISTINA	
STREET ADDRESS	5103 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33634	

3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JORGE RAMIREZ	
3.3 STREET ADDRESS	7402 N. 56TH ST. STE. 906	
3.4 CITY-ST-ZIP	TAMPA, FL 33617	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROQUE, JENNIE	
STREET ADDRESS	5103 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33634	

4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MIRIAM NAVARRO	
4.3 STREET ADDRESS	7402 N. 56TH ST. STE 906	
4.4 CITY-ST-ZIP	TAMPA, FL. 33617	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COLL, HECTOR	
STREET ADDRESS	5103 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33634	

5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LOURDES RIVERA	
5.3 STREET ADDRESS	7402 N. 56TH ST. STE. 906	
5.4 CITY-ST-ZIP	TAMPA, FL 33617	

TITLE	ASST	<input checked="" type="checkbox"/> DELETE
NAME	J.R. RIVERA	
STREET ADDRESS	5103 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33634	

6.1 TITLE	TAMPA, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D	
6.3 STREET ADDRESS	ERIC E. MATOS	
6.4 CITY-ST-ZIP	7402 N. 56TH ST. STE. 906	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE:

ANGEL E. CINTRON PRESIDENT

(813) 985-3175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048846

CR2E037 (9/96)