FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N93000005231 (6)

PUERTO RICO CHAMBER OF COMMERCE OF FLORIDA, INC.

Principal Place of Business Mailing Address				T FOR FAIR BOILD FAIR BOAR ORALL	T PODERNOT DIE LOUDE BLUK DOUR ODNIT DEUT DERN DOUG BLUK HILLER NYOU HIDT YOUR	
7402 N. 56TH ST. 7402 N. 56TH ST.						
SUITE 906		SUITE 906				
TAMPA FL 33	3617	TAMPA FL 33617		Date Incorporated or Qualified	3a. Date of Last Report	
				11/15/1993	04/19/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	MEMORIAL HWY.		ORIAL HWY.	59-3228361	Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State		6. Election Campaign Financing	55.00 May Be	
²³	A, FJ. Country 3363	4 TAMPA,	FL.33634	Trust Fund Contribution	Added to Fees	
	├ ──¬ '	— ·	—	8. This corporation has liability for in	ntangible tay under s. 199.032,	
24 33634	4 25 HILLSBORG 9. Name and Address of Curren		30 HILLSBO	1104011	Yes XNo	
	9. Name and Address of Curren	n Hegistereo Agent	81 Name	10. Name and Address of New Re	egistered Agent	
54400	1005.0					
RAMOS,			82 Street /	Address (P.O. Box Number is Not Acceptable	0)	
	56TH ST.		83			
SUITE 90						
TAMPA F	rL 33017		84 City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 617 0502	and 617 1508. Florida Statute	s the above-named co	prporation submits this statement for the purp		
or register	red agent, or both, in the State of Florid	da. Such change was authorizi	ed by the corporation's I	board of directors. I hereby accept the appoi	intment as registered agent. I am	
	th, and accept the obligations of, Sect	ion 617.0503, Fiorida Statutes	,			
SIGNATURE _	Signature, typed or printed name of registered agent	and tile if applicable. (NO	TE: Registered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1 1 TITLE	PD	Change Addition	
NAME	UNANAE, FRANCISCO	•	1.2 NAME	MIGUEL A. VAZQUEZ-	**	
STREET ADDRESS	CALLE BOX 60-1467 N/A		13 STREET ADDRESS	CALLE TETUAN #100	DAINES	
CITY-\$T-ZIP	BAYAMON P.		1.4 CITY+ST-ZIP	SAN JUAN, P.R. 0	0001	
TITLE	VD	DELETE	2 1 TITLE	DAN BUAN, F.K. U	Change Addition	
NAME	RAMOS, JOSI S.		22 NAME			
STREET ADDRESS	7402 N. 56TH ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2 4 City-St-ZiP			
THLÉ	T	DELETE	3.1 TITLE	${f T}$	Change 🛣 Addition	
NAME	MCCALL, MERCY		3.2 NAME	VICTOR DIAZ, ESQ.		
STREET ADDRESS	P.O. BOX 1297 N/A		3.3 STREET ADDRESS	P.O. BOX 1297 N/A		
CITY-ST-ZIP	ORLANDO FL	Morress	3.4. CITY - ST - 7IP	ORLANDO, FL.		
TITLE	SD DE DOOA 11110	DELETE	4.1 TITLE	•	Change Addition	
NAME	DE ROSA, LUIS	30	4 2 NAME			
STREET ADDRESS	3196 CORAL WAY, 6TH FLOO	אל	4 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	4.4 C(TY - ST - Z)P 5.1 T)TLE		Change X Addition	
NAME		Dietere	5.2 NAME	VP	Ti ovende 💌 voquinii	
STREET ADDRESS			5.3 STREET ADORESS	E. ROCK ROQUE		
CITY-ST-ZIP			5.3 STREET ADDRESS	5103 MEMORIAL HWY.		
TITLE		DELETE	6.1 TITLE	TAMPA, FL. 3363	4 Change Addition	
NAME		_	6.2 NAME	,		
STREET ADDRESS			6.3 SYREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - S1 - ZIP			
14 Ldo hereb	y certify that the information supplied v	with this filing is voluntarily furn	ished and does not qual	lify for the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further	
certify that oath; that l appears in	t the information indicated on this annu I am an officer or dijector of the corpo n Block 12 or Block 13 it changed, or c	ual report or supplemental anni- tration or the receiver or trusted on an attachment with an addri	uai report is true and aci e empowered to execute ess.	curate and that my signature shall have the se this report as required by Chapter 617, Flor	came legal effect as if made under rida Statutes; and that my name	

SIGNATURE:

F. ROCK I

E. ROCK ROQUE - VICE PRES.

1- (813) 886-3420

Daytime Phone #