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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

DOCUMENT # **N93000005231 (6)**

1. Corporation Name

PUERTO RICO CHAMBER OF COMMERCE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**5103 MEMORIAL HWY
TAMPA FL 33634
US**

**5103 MEMORIAL HWY
TAMPA FL 33634-7356
US**



3. Date Incorporated or Qualified
11/15/1993

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

2. Principal Place of Business

2a. Mailing Address

21 **7402 N. 56TH ST.**

Suite, Apt. #, etc.

22 **STE. 906**

City & State

23 **TAMPA, FL.**

Zip

24 **33617**

Country

25 **HILLSBOROUGH**

Zip

26 **33622**

City & State

28 **TAMPA, FL.**

Country

30 **HILLSB.**

4. FEI Number

59-3228361

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMOS, JOSE S
7402 N. 56TH ST.
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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ-DAYNES, MIGUEL A	
STREET ADDRESS	CALLE TETUAN #100	
CITY-ST-ZIP	SAN JUAN PR	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAMOS, JOSI S.	
STREET ADDRESS	7402 N. 56TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DIAZ, VICTOR ESQ	
STREET ADDRESS	PO BOX 1297 NA	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DE ROSA, LUIS	
STREET ADDRESS	3196 CORAL WAY, 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROQUE E ROCK	
STREET ADDRESS	5103 MEMORIAL HWY	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LCDO. HECTOR REICHARD DE CARDONA	
1.3 STREET ADDRESS	CALLE TETUAN #100	
1.4 CITY-ST-ZIP	SAN JUAN, P.R. 00902	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANGEL E. CINTRON	
5.3 STREET ADDRESS	7402 N. 56TH ST. SDTE. 906	
5.4 CITY-ST-ZIP	TAMPA, FL. 33617	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CINTRON V/P

4/24/97

813-985-3175

Date

Daytime Phone # 0048948

CR2E037 (9/96)