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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006454 (0)**

1. Corporation Name

CASA DE MEXICO DE LA FLORIDA CENTRAL, INC.

Principal Place of Business

**400 SOUTH ORANGE AVENUE
9TH FLOOR
ORLANDO FL 32801**

Mailing Address

**400 SOUTH ORANGE AVENUE
9TH FLOOR
ORLANDO FL 32801-3317**

3. Date Incorporated or Qualified

12/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3428138

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **XX**

**\$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

☒ **XX** No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PICKERT, STEPHEN W
201 EAST PINE STREET
SUITE 710
ORLANDO FL 32801**

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **P/T/S**
1.3 STREET ADDRESS **S. RICARDO CANCHOLA**
1.4 CITY-ST-ZIP **1857 S. KIRKMAN RD. 1021
ORLANDO, FL 32811**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **C**
2.3 STREET ADDRESS **RICHARD D. DEBLER**
2.4 CITY-ST-ZIP **1610 AVE. OF THE STARS TRAILER A-16
EPCOT CENTER, LAKE BUENA VISTA, FL 32830**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **LUIS G. CAMPOS**
3.4 CITY-ST-ZIP **14901 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **JAVIER PINEDO**
4.4 CITY-ST-ZIP **3290 OVERLAND RD.
APOPKA, FLORIDA 32703**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **ILYA SALKIND**
5.4 CITY-ST-ZIP **1000 UNIVERSAL STUDIOS FLORIDA PLAZA
ORLANDO, FL 32819**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **RICARDO CANCHOLA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97
Date

(407) 420-6896
Daytime Phone #

0000062

CP2E037 (9/96)