

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90014 014 ****70.00

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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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/16/1996

4. FEI Number

59-3428138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current 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

TITLE **PTS** ☐ DELETE
NAME **CANCHOLA, S. RICARDO**
STREET ADDRESS **1857 S. KIRKMAN RD. 1021**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☒ DELETE
NAME **CAMPOS, LUIS G**
STREET ADDRESS **14901 S. ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ DELETE
NAME **PINEDO, JAVIER**
STREET ADDRESS **3290 OVERLAND RD.**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ DELETE
NAME **SALKIND, ILYA**
STREET ADDRESS **1000 UNIVERSAL STUDIOS FLORIDA PLAZA**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **C** ☐ DELETE
NAME **DEBLER, RICHARD D**
STREET ADDRESS **1610 AV OF THE STARS, TLR A-16, EPCOT CENTER**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **LINDA LANDMAN-GONZALEZ**
1.4 CITY-ST-ZIP **5900 LAKE ELLENOR DR. ORLANDO FL 32859**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **FERNANDO ALBERT**
2.3 STREET ADDRESS **390 N. ORANGE AVENUE, SUITE 100**
2.4 CITY-ST-ZIP **ORLANDO, FL 32801**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

S. RICARDO CANCHOLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 16, 1999

Date

407 420-6896

Daytime Phone #

CR2E037 (11/98)

0016481