**FILED** 

May 22, 2000 8:00 am Secretary of State

05-01-2000 90475 007 \*\*\*\*70.00

## 2000 UNIFORM BUSINESS REPORT (JJBR)

## DOCUMENT # **N99000000767**

1. Entity Name

TAMPA FL 33615

## CENTRO DE CULTURA Y TURISMO DE PANAMA INC.

Princi	pai Place of I	Business
8229 F	RAVENCROFT	DR.

8229 RAVENCROFT DR. TAMPA FL 33615-5720

							 	11 <b>2 1917)</b> (1814 1912)	n Best 40st a note not	) <b>e</b> eill (2016-2017	1 <b>(88)</b> (8 <b>9</b> )	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State City & State			-	·	. —	4. FEI Numbe	1858	06		lled For Applicable		
Zip		Country	Zip · Country				5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and	Address of Current	Registered Agent				7. Name and	Address of Ne	w Registered A	gent		ĺ
DOMINGUEZ, EUGENIO 8229 RAVENCROFT DR.					Name Same os # 6 Street Address (P.O. Box Number is Not Acceptable)							
TAMPA FL					City	<u>ڪ</u>	ame a	a# (	FL	Zip Code		•
SIGNATURE _	- Ou	omits this statement f	or the purpose of changing its	G E u	ENERAL GENIO		red agent, or both RECTOR DMING d when reinstating)			25/00	)	
FILE NOW: 9. Election Campaign Fin FEE IS \$61.25 Trust Fund Contribution				ing 🔲		O May Be d to Fees	ļ	Make Check i Department				
10.		OFFICERS AND D	IRECTORS	11.			ADDITIONS/CH.		FICERS AND DIF	RECTORS IN	10	]_
TITLE NAME STREET ADD CITY-ST-ZI	! !				-	855,	VERAL DI SENIO DOF 9 RAYENC PA, FL. 3	ROFT DE		Change	Addition	CR2E037.(9/99)
TITLE NAME STREET ADD CITY-ST-ZII	:					JUA.	N B. RODE D3 LINE NPA, FL	RIGUEZ BAUGH	AUE.	☐ Change	Addition	F
TITLE NAME STREET ADI CITY-ST-Z	•			TITL NAA STR	.E Æ	822 BEL 822	CUTIVE A KYS J. I 9 RAYEI	BATISTA BATISTA NCROFT	4	Change .	Addition	
TITLE NAME STREET AC	:	<u> </u>		TITE NAA STR	LE ME REET ADDRESS	DIRG ARG	ECTOR OF ELIO E. D3 MYRI	AGUIRE LE AVE	₹Ē	☐ Change	Addition	4
TITLE NAME STREET ADDRESS	<u> </u>		☐ Delete	TITI NAI		SE	IPA, FL. 3 CRETAR SDA M. 3 MYRT	Y AGUIRR	E . # A	☐ Change	Addition	-
CHY-ST-ZIP			Deleie	СП	Y-ST-ZIP		PA, FL.			☐ Change	Addition	$\frac{1}{1}$

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CMY-ST-ZIP

REQUIRED DOMINGUEL-GENERAL DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ED.