

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90121 045 ****70.00

DOCUMENT # N99000000767

1. Entity Name
CENTRO DE CULTURA Y TURISMO DE PANAMA INC.

Principal Place of Business 5606 LOUIS XIV COURT. ST EB TAMPA FL 33614-5825 US	Mailing Address 5606 LOUIS XIV COURT. ST EB TAMPA FL 33614-5825 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-3485806	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOMINGUEZ, EUGENIO
5622-C, LOUIS XIV COURT
TAMPA FL 33614-5825**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	GD	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, EUGENIO	
STREET ADDRESS	5622-C, LOUIS XIV COURT	
CITY-ST-ZIP	TAMPA FL 33614-5825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JUAN B	
STREET ADDRESS	4203 LINE BOUGH AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	EA	<input type="checkbox"/> Delete
NAME	BATISTA, DELKYS J	
STREET ADDRESS	8102 N. SHELDON RD. #906	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	DOF	<input type="checkbox"/> Delete
NAME	AGUIRRE, ARGELIO	
STREET ADDRESS	9903 MYRTLE AVE #A	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	S	<input type="checkbox"/> Delete
NAME	AGUIRRE, MAGDA M	
STREET ADDRESS	9903 MYRTLE AVE #A	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SUB DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ JUAN B.	
STREET ADDRESS	9665 FOX HEARST ROAD	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARIBEL DOMINGUEZ	
STREET ADDRESS	5606 LOUIS XIV COURT SUITE B	
CITY-ST-ZIP	TAMPA, FL. 33614	

12. 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.

SIGNATURE: *Eugenio Dominguez* **EUGENIO DOMINGUEZ** APRIL 9, 2002-813-871-2833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)