2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2022
Secretary of State
9756427114CC

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Entity Name: CASA DE MEXICO DE LA FLORIDA CENTRAL, INC.

Current Principal Place of Business:

40 W. CRYSTAL LAKE ST.
SUITE 200
ORLANDO, FL 32806

Current Mailing Address:

POST OFFICE BOX 560846
ORLANDO, FL 32856

FEI Number: 59-3428138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESTREPO, MARCELA
40 W. CRYSTAL LAKE ST.
200
ORLANDO, FL 32806 US

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: MARCELA RESTREPO 04/04/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	LANDMAN-GONZALEZ, LINDA
Address	5900 LAKE ELLENOR DR
City-State-Zip:	ORLANDO FL 32859

Title	DIRECTOR
Name	BECERRA, JORGE
Address	40 W CRYSTAL LAKE ST
City-State-Zip:	ORLANDO FL 32806

Title	VP
Name	RESTREPO, MARCELA
Address	40 W CRYSTAL LAKE ST
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	ASCA, LOURDES
Address	900 OLD ENGLAND AVENUE
City-State-Zip:	WINTER PARK FL 32837

Title	PRESIDENT
Name	HOLLANDER, FEDERICO
Address	10017 LONE TREE LAN
City-State-Zip:	ORLANDO FL 32836

Title	DIRECTOR
Name	DEBLER, RICHARD
Address	40 W CRYSTAL LAKE ST
City-State-Zip:	ORLANDO FL 32806

Title	ASST. TREASURER
Name	TROCONIS, ANA
Address	3118 TURTLE LANE
City-State-Zip:	ORLANDO FL 32837

Title	TREASURER
Name	HUGO, HERNANDEZ E
Address	40 W. CRYSTAL LAKE ST. SUITE 200
City-State-Zip:	ORLANDO FL 32806

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HUGO E HERNANDEZ TREASURER 04/04/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	ANDREKOVICH, BEATRIZ
Address	819 SHRIVER CIRCLE
City-State-Zip:	LAKE MARY FL 32746

Title	DIRECTOR
Name	SHAPIRO, BETTY
Address	40 W. CRYSTAL LAKE ST. SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	PINEDO, GIORGINA
Address	10524 MOSS PARK RD SUITE 204-258
City-State-Zip:	ORLANDO FL 32832

Title	DIRECTOR
Name	BELTRAN, MARITZA
Address	545 N MILLS AVE
City-State-Zip:	ORLANDO FL 32803