

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006454

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

04/02/2024

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

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

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

Title DIRECTOR
Name RESTREPO, MARCELA
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 DIRECTOR
Name ASCA, LOURDES
Address 900 OLD ENGLAND AVENUE
City-State-Zip: WINTER PARK 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 HERNANDEZ

TREASURER

04/02/2024

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

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

Title VP
Name TAMEZ VILLAREAL, MARCOS
Address 903 LAKE LILY DRIVE
City-State-Zip: WINTER PARK FL 32751