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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mohrhardt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000557 (6)

1. Corporation Name

ALIANZA CIVICA HISPANA DE LA FLORIDA CENTRAL, INC.



Principal Place of Business: 6220 S. ORANGE BLOSSOM TRL., STE. 142 ORLANDO FL 32809  
Mailing Address: 6220 S. ORANGE BLOSSOM TRL., STE. 142 ORLANDO FL 32809-4677

3. Date Incorporated or Qualified: 01/29/1996  
3a. Date of Last Report

2. Principal Place of Business (21-24), 2a. Mailing Address (26-30), 4. FEI Number (Applied For), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), 6. Election Campaign Financing (\$5.00 May Be Added to Fees), 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (Yes/No).

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CEPERO, ANGEL  
6220 S. ORANGE BLOSSOM TRL., STE. 142  
ORLANDO FL 32809

81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like CEPERO, ANGEL, BUSTAMANTE, HIRAM, PAYAS, ARMANDO, RIVERA, JOSE R, DIAZ, VICTOR, SERRANO, WALDEMAR.

14. I do 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.

SIGNATURE: Armando Payas 3/27/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017010

CR2E037 (9/96)