

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000557 (6)**  
 1. Corporation Name  
**ALIANZA CIVICA HISPANA DE LA FLORIDA CENTRAL, IN C.**



Principal Place of Business <b>6220 S. ORANGE BLOSSOM TRL., STE. 142 ORLANDO FL 32809</b>	Mailing Address <b>6220 S. ORANGE BLOSSOM TRL., STE. 142 ORLANDO FL 32809</b>
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3. Date Incorporated or Qualified <b>01/29/1996</b>	
4. FEI Number <b>APPLIED FOR</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CEPERO, ANGEL</b>	
STREET ADDRESS	<b>7809 SNOWBERRY CIR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUSTAMANTE, HIRAM</b>	
STREET ADDRESS	<b>8658 CURRY FORD RD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PAYAS, ARMANDO</b>	
STREET ADDRESS	<b>1018 E. ROBINSON ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RIVERA, JOSE R</b>	
STREET ADDRESS	<b>4150 MAU MAU LN.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, VICTOR</b>	
STREET ADDRESS	<b>5029 TANGERINE AVE.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SERRANO, WALDEMAR</b>	
STREET ADDRESS	<b>137 ABBEY HOLLOW DR.</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Valarino, Lizette</b>
4.3 STREET ADDRESS	<b>3338 Netherwood Drive</b>
4.4 CITY-ST-ZIP	<b>Orlando, Florida 32792</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Lorenzo, Carlos</b>
5.3 STREET ADDRESS	<b>100 S. Hughey Avenue</b>
5.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_ **3/23/98 407-425-7723**

CF2E037 (10/97)