

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$396)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # 740742 (2)

95 JUN 22 AM 8:18

1. Corporation Name
ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.

Principal Place of Business Mailing Address
 P.O. BOX 720085 P.O. BOX 720085
 ORLANDO FL 32872-0085 ORLANDO FL 32872-0085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/09/1977** 3a. Date of Last Report **02/08/1994**
 4. FEI Number **59-1879638** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
**ARIAS, LUZ M.
 1057 NOTTINGDALE LANE
 WINTER PARK, FL 32782**

10. Name and Address of New Registered Agent
 81 Name **Juan Diaz**
 82 Street Address (P.O. Box Number is Not Acceptable) **10 Cornwall Court**
 83 **Casselberry**
 84 City **Casselberry** FL 85 Zip Code **32707**

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 Juan C. Diaz JUAN C. DIAZ 6/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DE JESUS, GLADYS
STREET ADDRESS	2905 STAR WOODS DRIVE
CITY - ST - ZIP	OWIEDO, FL
TITLE	VD
NAME	DIAZ, JUAN
STREET ADDRESS	10 CORNWALL COURT
CITY - ST - ZIP	CASSELBERRY, FL
TITLE	TD
NAME	ARIAS, LUZ M
STREET ADDRESS	1057 NOTTINGDALE LANE
CITY - ST - ZIP	WINTER PARK, FL
TITLE	AS
NAME	FRANCESCHINI, BEKAIDA
STREET ADDRESS	1014 LONG BRANCH LANE
CITY - ST - ZIP	OWIEDO, FL
TITLE	S
NAME	DE JESUS, MARY-O
STREET ADDRESS	2214 DORIS DRIVE
CITY - ST - ZIP	ORLANDO, FL
TITLE	S
NAME	GOMEZ, MILAGROS
STREET ADDRESS	3276-15 SOUTH SEMORAN BLVD
CITY - ST - ZIP	ORLANDO, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DIAZ, JUAN C.	
13 STREET ADDRESS	10 CORNWALL CT.	
14 CITY - ST - ZIP	CASSELBERRY, FL - 32707	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ROSIE, COLON	
23 STREET ADDRESS	327 MADEIRA AVE	
24 CITY - ST - ZIP	ORLANDO, FL - 32825	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MONTALVO, NELSON J.	
33 STREET ADDRESS	718 EASTBROOK BLVD.	
34 CITY - ST - ZIP	WINTER PARK, FL - 32782	
41 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PAGAN, MIGUEL	
43 STREET ADDRESS	1060 PROVIDENCE LANE	
44 CITY - ST - ZIP	OWIEDO, FL - 32765	
51 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	OLIVERO, GEORGINA	
53 STREET ADDRESS	2873 LOGANSDALE DR.	
54 CITY - ST - ZIP	ORLANDO, FL - 32817	
61 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	FRANCESCHINI, BETZLY	
63 STREET ADDRESS	1014 LONG BRANCH LANE	
64 CITY - ST - ZIP	OWIEDO, FL - 32765	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Juan C. Diaz JUAN C. DIAZ 6/16/95 (407) 931-1080
Signature and typed or printed name of signing officer or director Date (Daytime Phone #)

CR2E037 (3/95)