

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740742 (2)
1. Corporation Name
ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.



Principal Place of Business Mailing Address
P.O. BOX 720095 P.O. BOX 720095
ORLANDO FL 32872-0095 ORLANDO FL 32872-0095

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/09/1977		3a. Date of Last Report 06/22/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1879638		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**DIAZ, JUAN
10 CORNWALL COURT
CASSELBERRY FL 32707**

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

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		11 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSIE, COLON			12 NAME	FRANCESCHINI, BETZY		
STREET ADDRESS	327 MADEIRA AVE			13 STREET ADDRESS	1014 LONG BRANCH LANE		
CITY-ST-ZIP	ORLANDO FL			14 CITY-ST-ZIP	OVIDO FL		
TITLE	PD	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, JUAN			22 NAME			
STREET ADDRESS	10 CORNWALL COURT			23 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			24 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		31 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTALVO, NELSON J			32 NAME	COLON-ARVELO, RUTH		
STREET ADDRESS	718 EASTBROOK BLVD			33 STREET ADDRESS	327 MADEIRA AVENUE		
CITY-ST-ZIP	WINTER PARK, FL			34 CITY-ST-ZIP	ORLANDO, FL		
TITLE	AS	<input checked="" type="checkbox"/> DELETE		41 TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAGAN, MIGUEL			42 NAME	HERNANDEZ, HECTOR		
STREET ADDRESS	1060 PROVIDENCE LANE			43 STREET ADDRESS	5216 ANDREA BLVD		
CITY-ST-ZIP	OVIDO FL			44 CITY-ST-ZIP	ORLANDO, FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE		51 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLIVERO, GEORGINA			52 NAME	SANCHEZ, MARIA J		
STREET ADDRESS	2873 LOGANDALE DRIVE			53 STREET ADDRESS	1645-CRACKER CREEK COURT		
CITY-ST-ZIP	ORLANDO, FL			54 CITY-ST-ZIP	OVIDO FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE		61 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCESCHINI, BETZY			62 NAME	FRETS, ALBA		
STREET ADDRESS	1014 LONG BRANCH LANE			63 STREET ADDRESS	1613 BILOXI COURT		
CITY-ST-ZIP	OVIDO FL			64 CITY-ST-ZIP	ORLANDO FL		

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: *Ruth Colon-Arvelo* **RUTH COLON-ARVELO** **05/01/96** **(407)277-2829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)