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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740742** (2)
1. Corporation Name
ASOCIACION BORINQUEÑA DE FLORIDA CENTRAL INC.



Principal Place of Business 7651 VALENCIA COLLEGE LANE ORLANDO FL	Mailing Address P.O. BOX 720095 ORLANDO FL 32872-0065
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3. Date Incorporated or Qualified 11/09/1977
4. FEI Number 59-1879638
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent THILLET MONTALVO, ANGIE 718 EASTBROOK BLVD WINTER PARK FL 32792	
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10. Name and Address of New Registered Agent 81 Name Luis F. Gomez, ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 100 So. SEMERAN BLVD. 83 84 City ORLANDO FL 85 Zip Code 32807	
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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 **Luis F. Gomez** (NOTE: Registered Agent Signature required when reinstating) DATE **7/10/98**

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	OSTOLAZA, JOSE A
STREET ADDRESS	470 SUNRISE DRIVE
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	PD <input type="checkbox"/> DELETE
NAME	FRANCESCHINI, BETSY
STREET ADDRESS	1014 LONG BRACH LN
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, EMILIO
STREET ADDRESS	10331 BUCK ROAD
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	SABREZ, GILBERT
STREET ADDRESS	2965 STARWOOD DRIVE
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	D <input type="checkbox"/> DELETE
NAME	GOMEZ, HAYDEE R
STREET ADDRESS	9233 PALOS VERDE DR
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LUGO, HILDA
STREET ADDRESS	1220 DINGENS AVE
CITY-ST-ZIP	GOTHA FL 34734

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VPD Rosie Colon
1.3 STREET ADDRESS	327 MADEIRA Ave.
1.4 CITY-ST-ZIP	ORLANDO, FL 32825
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T/D HILDA LUGO
3.3 STREET ADDRESS	1220 DINGENS Ave.
3.4 CITY-ST-ZIP	GOTHA, FL 34734
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T/D MANUEL CASTRO
4.3 STREET ADDRESS	1439 WATERVIEW DR.
4.4 CITY-ST-ZIP	DELTONA, FL 32738-6251
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: **Luis F. Gomez** *March 1, 1998*

CR2E037 (10/97)