

FILE NOW: FILING FEE IS \$61.25

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May 26 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 # N17519 (2)
 1. Corporation Name
CASA DE ESPANA DE LA FLORIDA CENTRAL, INC.



Principal Place of Business P O BOX 570148 ORLANDO FL 32857-0148	Mailing Address PO BOX 570132 ORLANDO FL 32857 US
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3. Date Incorporated or Qualified 10/27/1986	
4. FEI Number 59-2699834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

HERMENEGILDO, GOMEZ
2314 DRIFTWOOD DR
FERN PARK FL 32738

10. Name and Address of New Registered Agent

81 Name MARIA T EWEN	
82 Street Address (P.O. Box Number is Not Acceptable) 5206 FORZLEY ST	
83	
84 City ORLANDO	85 Zip Code FL 32812

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: *Maria T Ewen* DATE: *May 1 98*
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE MARY KRISTMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERMENEGILDO, GOMEZ		1.2 NAME 3020 TALL TIMBER DRIVE	
STREET ADDRESS 2314 DRIFTWOOD, DR		1.3 STREET ADDRESS ORLANDO FLORIDA 32812	
CITY-ST-ZIP FERN PARK FL		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE MARIA POORRICH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORENO, DONATO CANO		2.2 NAME 1220 CAREER ST	
STREET ADDRESS 1114 SUMER-LANES		2.3 STREET ADDRESS ORLANDO FLORIDA 32837	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE EWEN MARIA T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EWEN, MARIA T		3.2 NAME 5206 FORZLEY ST	
STREET ADDRESS 5206 FORZLEY ST		3.3 STREET ADDRESS ORLANDO FLORIDA 32812	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE MORENO DONATO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYNOLDS, LUCILA P		4.2 NAME 1114 SUMER LANES	
STREET ADDRESS 8810 HAVASU DR		4.3 STREET ADDRESS ORLANDO FL	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE EVANS ANGELES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVANS, ANGELES D.		5.2 NAME 2921 LOCK ARBORER	
STREET ADDRESS 2921 LOCK ARBORER		5.3 STREET ADDRESS ORLANDO FLORIDA	
CITY-ST-ZIP ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE PRC	<input type="checkbox"/> DELETE	6.1 TITLE MARY KRISTMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOMEZ, HERMENEGILDO		6.2 NAME 3020 TALL TIMBER DRIVE	
STREET ADDRESS 2314 DRIFTWOOD DRIVE		6.3 STREET ADDRESS ORLANDO FLORIDA 32812	
CITY-ST-ZIP FERN PARK FL		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 as an attachment with an address.

SIGNATURE: *Maria T Ewen* DATE: *May 1 98*

CR2E037 (10/97)