


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 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 # N45868 (9)

1. Corporation Name
DESFILE PUERTORRIQUENO DE LA FLORIDA CENTRAL, IN C.



Principal Place of Business P.O. BOX 5372 WINTER PARK FL 32793	Mailing Address P.O. BOX 5372 WINTER PARK FL 32793
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3. Date Incorporated or Qualified 11/04/1991	4. FEI Number 59-3095539	<input checked="" type="checkbox"/> 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 type="checkbox"/>	\$5.00 May Be Added to Fees	
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 21 510 Polaris Loop #100 Suite, Apt. #, etc. 22 Casselberry City & State 23 Florida Zip 24 32707	2a. Mailing Address 26 PO Box 5372 Suite, Apt. #, etc. 27 Winter Park City & State 28 Florida Zip 29 32793	Country 25 Sennoles	Country 30
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9. Name and Address of Current Registered Agent

ZAPATA, MILDRED J.
510 POLARIS LOOP
#100
CASELLBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name **Mildred (Same as) Zapata**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JUAN C.	1.2 NAME	
STREET ADDRESS	10 CORNWALL CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELLBERRY FL 32707	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAPATA, MILDRED J.	2.2 NAME	
STREET ADDRESS	510 POLARIS LOOP, #100	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELLBERRY FL 32707	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARGARITA	3.2 NAME	
STREET ADDRESS	3426 EIRYLE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Mildred Zapata** *Mildred Zapata* 4/8/98 (407) 331-5335

CR2E037 (10/97)