

FILED
May 01, 1999 8:00 am
Secretary of State

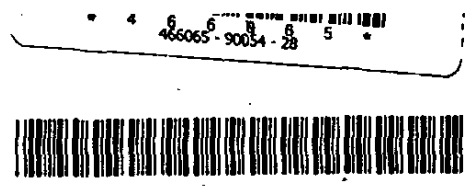
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45868

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

Principal Place of Business 510 PILLARIS LOOP #100 CASSELBERRY FL 32707 US	Mailing Address PO BOX 5372 WINTER PARK FL 32793 US
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2. Principal Place of Business 21 234 Master Blvd Suite, Apt. #, etc. Winter Park City & State Hovada Zip 32793	2a. Mailing Address 26 PO Box 5372 Suite, Apt. #, etc. Winter Park City & State FL 32793 Zip Orange	3. Date Incorporated or Qualified 11/04/1991	4. FEI Number 59-3095539	Applied For <input type="checkbox"/> Not Applicable
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			

9. Name and Address of Current Registered Agent N000895 510 PILLARIS LOOP #100 CASSELBERRY FL 32707	MILDRED ZAPATA 234 Master Blvd Master Cove Apt. Winter Park FL 32793	10. Name and Address of New Registered Agent
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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: Mildred Zapata DATE: May 11, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	NAME JUAN DIAZ	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10 CONWALL COURT	CITY-ST-ZIP CASSELBERRY FL 32707	1.2 NAME	
TITLE PD	NAME MILDRED J. ZAPATA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 510 POLARIS LOOP, #100	CITY-ST-ZIP CASSELBERRY FL 32707	2.2 NAME	
TITLE SD	NAME RODRIGUEZ, MARGARITA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3426 EIRYLE CIRCLE	CITY-ST-ZIP ORLANDO FL 32817	3.2 NAME	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	7.2 NAME	
TITLE	NAME	8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	8.2 NAME	
TITLE	NAME	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	9.2 NAME	

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, with all other like empowered.

SIGNATURE: MILDRED ZAPATA DATE: 4/27/99 (407) 673-7683

CR2E037 (11/98)