

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 # N48242 (4)

1. Corporation Name

VENEZUELAN ASSOCIATION OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

4270 ALOMA AVE.
SUITE 124 #41C
WINTER PARK FL 32792

4270 ALOMA AVE.
SUITE 124 #41C
WINTER PARK FL 32792

NEW ADDRESS.

2. Principal Place of Business

2a. Mailing Address

21 1025 S. SEMORAN BLV.

26 1025 S. SEMORAN BLV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1093

27 SUITE 1093

City & State

City & State

23 WINTER PARK, FL

28 WINTER PARK, FL

Zip

Country

Zip

Country

24 32792

25

29 32792

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANULS, LUIS
8433 LOST LAKE DR
ORLANDO FL 32817

81 Name **MARIA I. MINARDO**

82 Street Address (P.O. Box Number is Not Acceptable)
118 MOSS BLUFF RD.

83

84 City **KISSEEMMEE**

FL

85 Zip Code

34746

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 I. MINARDO

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** DELETE
NAME **MARGARITA, VIVAS**
STREET ADDRESS **4729 FECIER CT. #5**
CITY-ST-ZIP **WINTER PARK FL 32792**

11 TITLE **DP** Change Addition
12 NAME **MARGARITA, VIVAS**
13 STREET ADDRESS **1880 MEADOWGOLD LN**
14 CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **DT** DELETE
NAME **MARGARITA, THIMANN**
STREET ADDRESS **1652 SOUND KEY CIR.**
CITY-ST-ZIP **OVEDO FL 32765**

21 TITLE **DT** Change Addition
22 NAME **MARIA I. MINARDO**
23 STREET ADDRESS **118 MOSS BLUFF RD.**
24 CITY-ST-ZIP **KISSEEMMEE FL 34746**

TITLE **DVP** DELETE
NAME **ELINA, BAADE**
STREET ADDRESS **210 WALLARD ST.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

31 TITLE **DVP** Change Addition
32 NAME **PEGGY DE Fillippo**
33 STREET ADDRESS **1859 MAYWOOD RD.**
34 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE **DVRAFAEL DAMAS (VOCAL)** Change Addition
42 NAME
43 STREET ADDRESS **473 CITRUS LANE**
44 CITY-ST-ZIP **MAITLAND, FL 34746**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS **300001909333**
64 CITY-ST-ZIP **-07/31/96--01008--007**
*****86.25**

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:

[Handwritten Signature]

6-25-96

(407)672-1695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)