FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION -- " **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

EWICION DF CORPORATIONS

1996

DOCUMENT # N48242 (4)

VENEZUELAN ASSOCIATION OF CENTRAL FLORIDA, INC.				I ARRIUSE DI DI DI ARRA MAN BIAN		
Principal Place of Business Mailing Address					NEBER BURNE BURNE BURNE BURNE BERNE BERNE BURNE	
SUITE 124 #41C SUITE		4270 ALOMA AVE. Suite 124 #410 Winter Park FL 32792				
NEW	Apress.			3. Date Incorporated or Qualified 04/07/1992	3a. Date of Last Report 05/01/1995	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	S. SEMORAN BL		MORAN B	Lu. 59-3116982	Not Applicable	
	TE 1093	Suite, Apt. #, etc. 27 SuiTE 109	3	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 Winter	ARIL FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
- Zp 24 32り	Country	79200	Country 7	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,	
	9. Name and Address of Curren			10. Name and Address of New Re		
	, Luis St lake dr 10 Fl 32817		81 Name 82 Street 6 83 84 City	ARIA I. MINARD Address (P.O. Box Number is Not Acceptable MOSS BLUFF	D なり. FL 85 Zip Code 3 4 7 4 B	
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 gorporation 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 gorporation 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 gorporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE MARIA J. MINNECO Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent agrants registered Agent agrants registered agent.) DATE						
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI		
TITLE	DP	DELETE	11 THLE	DP	Change Addition	
NAME	MARGARITA, VIVAS			MARGARITA, VIVAS	.	
STREET ADDRESS	4729 FECIER CT. #5		1 3 STREET ADDRESS	1880 MEADUNGOLD LA	,	
CITY-ST-ZIP	WINTER PARK FL 32792	Florett	1 4 CHY - ST- ZIP	WINTER Park, FLZ	2792	
TITLE	DT	DEFELE	I	DT MARIA .I . MI NARI	Change Addition	
NAME OTROCT ADORESS	MARGARITA, THIMANN 1652 SOUND KEY CIR.		2 2 NAME	118 MOSS BLUFF	Σb.	
STREET ADORESS	OVIEDO FL 32765		23 STREET ADDRESS	KISSEGMMEE FL	24746	
CITY-ST-ZIP TITLE	DVP	DELETE	2 4 CHTY - ST - ZHP 3 1 THILE	n. 1 i 2	Change Clinddition	
NAME	EUNA, BAADE		32 NAME	DEGGY DE Fillip	PO	
STREET ADDRESS	210 WALLARD ST.		3 3 STREET ADDRESS	PEGGY DE FILLIP 1859 MAYWOOD RD.		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32	701	3.4 CITY-ST-ZIP	WINTER PARK OL	32752	
TITLE		DELETE	4.1 TITLE	RAFREL DAMAS (V	CAI Change Addition	
NAME [4 2 NAME	1	, ,	
STREET ADDRESS			4.3 STREET ADDRESS	473 CITRUS LANE		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	MAITLAND, FL 3474	16	
TITLE		DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - S1 - ZIP			
TITLE		DELETE	6.1 TITLE	المراجع المراجع المساور	☐ Change ☐ Addition	
NAME			6.2 NAME .	30000190	#경영경 <i>11.</i>]	
STREET ADDRESS			6.3 STREET ADDRESS	-07/31/96010 ***86.25	الراق ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا	
CITY-ST-ZIP	v pertify that the information supplied	with this filing is valuntarily furnish-	6 4 CITY - ST - ZIP	本本本づり。こう ify for the exemption stated in Section 119.0	07(3)(l/) Florida Statutos I further	
	a second more more indemorphism and balled .	and and iming to voluntarily lattically		ny non-aro okonipadon statou in poction i 19.0	zi jojiny, i londa otajutes. Hurtilei	

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:

SIGNATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR