


FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48242** (4)  
1. Corporation Name  
**VENEZUELAN ASSOCIATION OF CENTRAL FLORIDA, INC.**

Principal Place of Business <b>1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792</b>	Mailing Address <b>1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792-5511</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/07/1992</b>	3a. Date of Last Report <b>07/31/1996</b>
4. FEI Number <b>59-3116982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MINARRO, MARIA I.  
118 MOSS BLUFF ROAD  
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent	
81 Name <b>JAVIER MUCARZEL</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>4557 Riverton Dr.</b>	
83	
84 City <b>Orlando</b>	85 Zip Code <b>FL 32817</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 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 *Javier E. Mucarzel* **JAVIER E. MUCARZEL/DT** DATE **April 24, 1997**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARGARITA, VIVAS 1880 MEADOWGOLD LN. WINTER PARK FL 32792 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MARGARITA, THIMANN 1652 SOUND KEY CIR. OVIEDO FL 32765 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ELINA, BAADE 210 WALLARD ST. ALTAMONTE SPRINGS FL 32701 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MINARRO, MARIA I. 118 MOSS BLUFF RD. KISSIMMEE FL 34746 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FILLIPPO, PEGGY DE 1859 MAYWOOD RD. WINTER PARK FL 32792 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DAMAS, RAFAEL 473 CITRUS LANE MAITLAND FL 34746 <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP RAFAEL DAMAS 473 Citrus Ln. Maitland, FL 34746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DVP JOHNNY CANEONES 620 Widow Bartley DR. Orlando, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DT JAVIER MUCARZEL 4557 Riverton Dr. Orlando, FL 32817 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DV AURISTELA GIANNILIVIGNI 2004 Aruba Ct. Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	DS LISBETH PALACIOS 513-C ALAFAYA WOODS OVIEDO, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I do 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: *Sandra B. Mortham* **SANDRA B. MORTHAM** DATE **4/24/97** (407) 672-1695  
Signature and typed or printed name of signing officer or director. Daytime Phone # 0018433

CR2E037 (9/96)