

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792	Mailing Address 1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792-5511
---	--



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/07/1992	3a. Date of Last Report 07/31/1996
4. FEI Number 59-3116982	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
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 34748**

10. Name and Address of New Registered Agent

81 Name JAVIER MUCARZEL
82 Street Address (P.O. Box Number Is Not Acceptable) 4557 Riverton Dr.
83
84 City Orlando
85 Zip Code FL 32817

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**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MARGARITA, VIVAS	
STREET ADDRESS	1880 MEADOWGOLD LN.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MARGARITA, THIMANN	
STREET ADDRESS	1652 SOUND KEY CIR.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ELINA, BAADE	
STREET ADDRESS	210 WALLARD ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MINARRO, MARIA I.	
STREET ADDRESS	118 MOSS BLUFF RD.	
CITY-ST-ZIP	KISSIMMEE FL 34748	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	FILLIPPO, PEGGY DE	
STREET ADDRESS	1859 MAYWOOD RD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DAMAS, RAFAEL	
STREET ADDRESS	473 CITRUS LANE	
CITY-ST-ZIP	MAITLAND FL 34748	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAFAEL DAMAS	
1.3 STREET ADDRESS	473 Citrus Ln. Maitland, FL 34748	
1.4 CITY-ST-ZIP		
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHNNY CANELONES	
2.3 STREET ADDRESS	620 Widow Bartley DR.	
2.4 CITY-ST-ZIP	Orlando, FL 32828	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAVIER MUCARZEL	
3.3 STREET ADDRESS	4557 Riverton Dr. Orlando, FL 32817	
3.4 CITY-ST-ZIP		
4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AURISTELA GIANNILIVIGNI	
4.3 STREET ADDRESS	2004 Aruba Ct.	
4.4 CITY-ST-ZIP	Kissimmee, FL 34741	
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LISBETH PALACIOS	
5.3 STREET ADDRESS	513-C ALAFAYA WOODS	
5.4 CITY-ST-ZIP	OVIEDO, FL 32765	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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** DAYTIME PHONE: **(407) 672-1695**

CR2E037 (9/96)