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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792	Mailing Address 1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792
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3. Date Incorporated or Qualified 04/07/1992
4. FEI Number 59-3116982
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 P.O. BOX 4214	2a. Mailing Address 26 P.O. BOX 4214
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32793-4214	Country 25 US
Zip 29 32793-4214	Country 30 US

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MUCARZEL, JAVIER
4557 RIVERTON DR.
ORLANDO FL 32817**

10. Name and Address of New Registered Agent

81 Name ESTEBAN RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable) 4670 MIDDLEBROOK RD., APT. I
83
84 City ORLANDO
85 Zip Code FL 32811

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 **E S Rodriguez A ESTEBAN RODRIGUEZ** **4/29/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME DAMAS, RAFAEL	
STREET ADDRESS 473 CITRUS LN.	
CITY-ST-ZIP MAITLAND FL	
TITLE DVP	<input checked="" type="checkbox"/> DELETE
NAME CANELONES, JOHNNY	
STREET ADDRESS 620 WIDOW BARTLEY DR.	
CITY-ST-ZIP ORLANDO FL	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME MUCARZEL, JAVIER	
STREET ADDRESS 4557 RIVERTON DR.	
CITY-ST-ZIP ORLANDO FL	
TITLE DV	<input checked="" type="checkbox"/> DELETE
NAME GIANNILVIGNI, AURISTELA	
STREET ADDRESS 2004 ARUBA CT	
CITY-ST-ZIP KISSIMMEE FL	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME PALACIOS, LISBETH	
STREET ADDRESS 513-C ALAFAYA WOODS	
CITY-ST-ZIP OVEIDO FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME THIMANN, MARGARITA	
1.3 STREET ADDRESS 1652 SAND KEY CIRCLE	
1.4 CITY-ST-ZIP OVIEDO, FL 32765	
2.1 TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME MARQUEZ, ALFREDO	
2.3 STREET ADDRESS 4116 PESCAO CT.	
2.4 CITY-ST-ZIP ORLANDO, FL 32817	
3.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME RODRIGUEZ, ESTEBAN	
3.3 STREET ADDRESS 4670 MIDDLEBROOK RD., APT. I	
3.4 CITY-ST-ZIP ORLANDO, FL 32811	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME PINALDI, SUSANA	
4.3 STREET ADDRESS 7944 VILLA DR.	
4.4 CITY-ST-ZIP ORLANDO, FL 32836	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME HENRIQUEZ, IVOR	
5.3 STREET ADDRESS 9906 KILGORE RD.	
5.4 CITY-ST-ZIP ORLANDO, FL 32836	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME RODRIGUEZ, DANIEL	
6.3 STREET ADDRESS 3900 IBIS DR.	
6.4 CITY-ST-ZIP ORLANDO, FL 32803	

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.

SIGNATURE: **E S Rodriguez A ESTEBAN RODRIGUEZ** **4/29/98** **(407) 521 8458**

CR2E037 (10/97)