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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

Principal Place of Business Mailing Address 1025 8, SEMORAN BLVD. SUITE 1083 WINTER PARK FL 32782 WINTER PARK FL 32782 WINTER PARK FL 32782 4. FEI Number 5. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Principal Place of Busines
SUITE 1083 WINTER PARK FL 32792 WINTER PARK FL 32792 4. FEI Number 59.3116982 4. FEI Number 59.3116982 Applied For Not App
2. Mailing Address 2. Mailing Address 2. Mailing Address 3. P.O. & O X 4214 3. Sulte, Apt. #, etc. 3. Sulte, Apt. #, etc. 3. ORLANOO, FL 32 ORLANOO, FL 33 ORLANOO, FL 34 State 35 ORLANOO, FL 36 ORLANOO, FL 37 State 38 ORLANOO, FL 38 This corporation was or has paid the current year Intengible Personal Property Tax due June 30.
21 P. O. OX 4214 26 P.O. OX 4214 5. Certificate of Status Desired Sulte, Apt. #, etc. City & State ORLANDO, FL 28 ORLANDO, FL 28 ORLANDO, FL 29 32793 - 4214 25 U.5 29 32793 - 4214 30 U.5 Name and Address of Current Registered Agent MUCARZEL, JAVIER 4557 RIVERTIONN DR. ORLANDO FL 32817 10. Name and Address of Status of Foodias Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SUIte, Apt. #, etc. Suite, Apt. #, et
Sulte, Apt. #, etc. City & State Country Apr. Is this nonprofit corporation a homeowners association? Yes No Registered Agent Name and Address of Current Registered Agent MUCARZEL, JAVIER 4567 RIVERTONN DR. ORLANDO FL 32817 64 City ORLANDO 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 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, 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, 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, or both, in the State of Florida Such change was authorized by the representatives. SIGNATURE E'S ROWLY A ESTEBAN ROPUGEE Signature, lyped or protect name of registered agent and title if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIE. DP Change Additio
Trust Fund Contribution Added to Fees City & State ORLANDO, FL 28 ORLANDO, FL 28 ORLANDO, FL 29 32793-4214 25 U.5 29 32793-4214 30 U.5 Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent MUCARZEL, JAVIER 4557 RIVERTONN DR. ORLANDO FL 32817 64 City ORLANDO 10. Name and Address of New Registered Agent 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 agent 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE E. S. ROLLANDO OFFICERS AND DIRECTORS IN 12 11. PURSUANDO OFFICERS AND DIRECTORS IN 12 TITLE DP THIMANN, MARGARITA
23 ORLANDO, FL 28 ORLANDO, FL 29 JAPAS-4214 STORMANDO, FL 210 JAPAS, PLANDO, FL 210 JAPAS, PLANDO, FL 211 JAPAS, PLANDO, FL 212 ORLANDO, FL 213 JAPAS-4214 STORMANDO, FL 214 JAPAS, PLANDO, FL 215 U.S. 29 JAPAS-4214 STORMANDO, FL 216 JAPAS, PLANDO, FL 217 JAPAS, PLANDO, FL 218 JAPAS, PLANDO, FL 219 JAPAS, PLANDO, FL 219 JAPAS, PLANDO, FL 220 JAPAS, PLANDO, FL 230 JAPAS, PLANDO, FL 240 JAPAS, PLANDO, FL 250 JAPAS, PL 2
Zip 32793-4214 25
24 32793-4214 25 U.S 29 32793-4214 30 US Personal Property Tax due June 30. Personal Property Tax due June 30. Mo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. 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 agent. I am familiar with, and accept the objections of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objections of, Section 617,0503, Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP Change A City ORLANDO FL 85 Zip Code 32 Zil / 412 91 98 THIMANN, MARGARITA
Name and Address of Current Registered Agent ### Name
MUCARZEL, JAVIER 4557 RIVERTONN DR. ORLANDO FL 32817 84 City ORLANDO FL 85 Zip Code 3281/ 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE E'S ROWING A ESTERAN RODINGS Signature, typed or printed name of registered agent and tife if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THIM ANN, MARGARUTA
Street Address (P.O. Box Number is Not Acceptable) ## Street Address (P.O. Box Number is Not Acceptable) ## City ORLANDO
4857 RIVERTONN DR. ORLANDO FL 32817 84 City ORLANDO FL 85 Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP Change Additio
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SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DAMAS, RAFAEL 12 NAME DAMAS, RAFAEL 12 NAME PARAGARATA 4/2 9/98 CHOTE Registered Agent signature required when reinstating) DATE THI MANN, MARGARATA
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP
TITLE DP DELETE 1.1 TITLE DP Change MAddilio
NAME DAMAS, RAFAEL 12 NAME THIMANN, MARGARITA
MATHEMATICAL CONTRACTOR AND CONTRACT
STREET ADDRESS 473 CITRUS LN. 1.3 STREET ADDRESS 1652 SAND KEY CIRCLE
CITY-SI-ZIP MAITLAND FL 14 CITY-SI-ZIP OVIEOU, FL 32765
TITLE DVP DELETE 2.1 TITLE DVP Change Addition
NAME CANELONES, JOHNNY 22 NAME MARQUEZ, ALFREDO
STREET ADDRESS \$20 WIDOW BARTLEY DR. 2.3 STREET ADDRESS 4116 PESCADO CT.
CITY-ST-ZIP ORLANDO FL 2.4CITY-ST-ZIP ORLANDO, FL 32A17
TITLE DT DELETE 3.1 TITLE DT Change Addition
NAME MUCARZEL, JAVIER 32 NAME RODRIGUEZ, ESTEBAN
STREET ADDRESS 457 RIVERTON DR. 33 STREET ADDRESS 4670 MIDDLE BROOK RA, APT. I
CITY-ST-ZIP ORLANDO FL 32811
TITLE DV DELETE 4.1 TITLE Q Change 🔀 Additio
NAME GIANNILIVIGNI, AURISTELA 4.2 NAME PINALOI, SUSANA
STREET ADDRESS 2004 ARUBA CT 4.3 STREET ADDRESS 7944 VILLA DR.
CITY-ST-ZIP KISSIMMEE FL 44 CITY-ST-ZIP CREAN DO , PL 32836
TITLE DS DELETE 51 TITLE D Change Addition NAME PALACIOS. LISBETH 52 NAME HENRIQUEE, INDIR.
11.5.11.11.11
NAME 6.2 NAME RODIZIOJE E, DANIEL 6.3 STREET ADDRESS 3900 i3i3 Or.
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:

& S Rodniques A

(407) 521 84 58

FILED

May 12 1998 8:00am

Secretary of State