

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N48984

Brazilian Association of Central Florida, Inc.

Principal Place of Business: **P.O. Box 692016 Orlando, FL 32869-2016**
Mailing Address: **P.O. Box 692016 Orlando, FL 32869-2016**

3. Date Incorporated or Qualified
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3124774	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Donald Sutton
5850 Lakehurst Drive, Suite 100
Orlando, FL 32819**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *Donald A. Sutton* DATE: **05/09/96**

12. OFFICERS AND DIRECTORS

TITLE	President AND DIRECTOR <input type="checkbox"/> DELETE
NAME	Donald A. Sutton
STREET ADDRESS	5850 Lakehurst Drive, Suite 100
CITY-ST-ZIP	Orlando, FL 32819
TITLE	Vice President AND DIRECTOR <input type="checkbox"/> DELETE
NAME	Madalena Vieira
STREET ADDRESS	512 Spring Oaks Blvd.
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	Treasurer AND DIRECTOR <input type="checkbox"/> DELETE
NAME	Luiz A. Cardoso
STREET ADDRESS	5850 Lakehurst Drive, Suite 150-25
CITY-ST-ZIP	Orlando, FL 32819
TITLE	Secretary <input checked="" type="checkbox"/> DELETE
NAME	Leslie Gattegno
STREET ADDRESS	319 Pressview Avenue
CITY-ST-ZIP	Longwood, FL 32750
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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06-06-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Donald A. Sutton* DATE: **05/09/96** Daytime Phone #

CR2E037 (12/95)