

# 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 # N48984 (1)**  
1. Corporation Name  
**BRAZILIAN ASSOCIATION OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**5850 LAKEHURST DR.  
SUITE 100  
ORLANDO FL 32819**

Mailing Address  
**POST OFFICE BOX 692016  
ORLANDO FL 32869-2016**

3. Date Incorporated or Qualified  
**05/18/1992**

3a. Date of Last Report  
**04/21/1995**

4. FEI Number  
**59-3124774**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

**SUTTON, DONALD A  
610 CAMDEN ROAD  
ALTAMONTE SPRINGS FL 32714**

## 10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

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

*Donald A. Sutton*

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	P, D	<input type="checkbox"/> DELETE
NAME	SUTTON, DONALD A	
STREET ADDRESS	5850 LAKEHURST DR., STE. 100	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP, D	<input type="checkbox"/> DELETE
NAME	VIEIRA, MADALENA	
STREET ADDRESS	512 SPRING OAKS BLVD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T, D	<input type="checkbox"/> DELETE
NAME	CARDOSO, LUIZ A	
STREET ADDRESS	1003 TERRY DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GATTEGNO, LESLIE	
STREET ADDRESS	319 PRESSVIEW AVE.	DECEASED
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	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sutton, Donald A.	
1.3 STREET ADDRESS	5850 Lakehurst Dr., Ste. 100	
1.4 CITY-ST-ZIP	Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vieira, Madalena	
2.3 STREET ADDRESS	512 Spring Oaks Blvd.	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cardoso, Luiz A.	
3.3 STREET ADDRESS	1003 Terry Dr.	
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gattegno, Leslie	
4.3 STREET ADDRESS	319 Pressview Ave.	
4.4 CITY-ST-ZIP	Longwood, FL 32750	<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		
6.1 TITLE		<input type="checkbox"/> Change <input 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/95

(407) 345-9292

CR2E037 (12/95)