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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48984** (1)
1. Corporation Name
BRAZILIAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business P.O. BOX 692016 ORLANDO FL 32869	Mailing Address P.O. BOX 692016 ORLANDO FL 32869-2016
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/18/1992	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-3124774	Applied For <input type="checkbox"/> Not Applicable
				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
				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 SUTTON, DONALD A 5850 LAKEHURST DR. SUITE 100 ORLANDO FL 32819				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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SUTTON, DONALD A	1.2 NAME	FERNANDO PIANCASTELLI
STREET ADDRESS	5850 LAKEHURST DR., STE. 100	1.3 STREET ADDRESS	2139 LANGLEY CIR
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	VPD	2.1 TITLE	VPD
NAME	VIEIRA, MADALENA	2.2 NAME	CARLOS A.C. RODRIGUES
STREET ADDRESS	512 SPRING OAKS BLVD.	2.3 STREET ADDRESS	5850 LAKEHURST DR STE 205
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	TD	3.1 TITLE	TD
NAME	CARDOSO, LUIZ A	3.2 NAME	JOSE M. ALMEIDA
STREET ADDRESS	1003 TERRY DR.	3.3 STREET ADDRESS	7664 APPLE TREE CIR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	S	4.1 TITLE	TD
NAME	GATTEGNO, LESLIE	4.2 NAME	NICK MARTUCCI
STREET ADDRESS	319 PRESSVIEW AVE.	4.3 STREET ADDRESS	11 W DARLINGTON AVE
CITY-ST-ZIP	LONGWOOD FL 32750	4.4 CITY-ST-ZIP	KISSIMEE FL 34741
TITLE		5.1 TITLE	S
NAME		5.2 NAME	RICARDO H. COSTA
STREET ADDRESS		5.3 STREET ADDRESS	3005 BARRYMORE CT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE		6.1 TITLE	S
NAME		6.2 NAME	MIGUEL OLIVERA
STREET ADDRESS		6.3 STREET ADDRESS	6550 INTERNATIONAL DR # 11/12
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO FL 32819

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: *Jose M. Almeida* **JOSE M. ALMEIDA - TD** 3/10/97 (407) 345-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018289

CR2E037 (9/96)