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Feb 18 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 # **N92000000415 (1)**

1. Corporation Name

PORTUGUESE AMERICAN CLUB OF ORLANDO, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
P A C O 12100 W COLONIAL DR WINTER GARDEN FL 32794-1754 US		P O BOX 941754 MAITLAND FL 32794-1754 US		11/19/1992	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34787-4141		26 P A C O 27 12100 W COLONIAL DR. 28 WINTER GARDEN FL 29 34787-4141		59-3163124	
Country		Country		5. Certificate of Status Desired	
25 U S		29 U S		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing	
FERREIRA, AUGUSTO 2109 CLUSTER BRANCH CT LONGWOOD FL 32779		81 Name MANUEL SOUSA 82 Street Address (P.O. Box Number is Not Acceptable) 19242 MOORGATE ST 83 ORLANDO FL. 84 City FL 85 Zip Code 32833		<input type="checkbox"/> \$5.00 May Be Added to Fees	
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		DATE	
Signature: <i>Manuel Sousa</i> (NOTE: Registered Agent signature required when reinstating)		Signature: <i>Manuel Sousa</i>		DATE: 2/10/98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LOPES, LUCIANO	1.2 NAME	MANUEL SOUSA
STREET ADDRESS	12506 SULLIVAN RD	1.3 STREET ADDRESS	19242 MOORGATE ST.
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	ORLANDO FL 32833
TITLE	VP	2.1 TITLE	V.P.
NAME	SOUSA, MANUEL	2.2 NAME	RAMIRO SANTOS
STREET ADDRESS	19242 MOORGATE ST	2.3 STREET ADDRESS	1456 SPRING RIDGE DR.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	WINTER GARDEN FL 34787
TITLE	T	3.1 TITLE	TRES.
NAME	GASPAR, ANA M	3.2 NAME	ALMOR SOARES
STREET ADDRESS	19567 LANSLOWNE	3.3 STREET ADDRESS	137 ORANGE RIDGE DR.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	SD	4.1 TITLE	
NAME	ROMAO, IDALIA	4.2 NAME	
STREET ADDRESS	957 EARLY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	FERREIRA, ADELAIDE	5.2 NAME	
STREET ADDRESS	2109 CLUSTER BRANCH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	2nd Vice President
NAME		6.2 NAME	LUIS DOS SANTOS
STREET ADDRESS		6.3 STREET ADDRESS	5107 SCARSDALE LANE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO FL 32818

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: *Manuel Sousa* **2/1/98** **407-568-1223**

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