SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $350)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # N93000002080 (0)

1. Corporation Name

ASOCIACION DOMINICANA DE LA FLORIDA CENTRAL INC.

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
508 MADRIGAL CT. ORLANDO FL 32825	508 MADRIGAL CT. ORLANDO FL 32825

3. Date Incorporated or Qualified: 05/06/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3181060 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 8614 Brackenwood Dr.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Orlando, Fl. 32829	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28 Orlando, FLA.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**FILING FEE IS $61.25**
Zip / Country 24 / 25	Zip / Country 29 32829 / 30 U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MOLINA, JULIO
8614 BRACKENWOOD DR.
ORLANDO FL 32829

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☑ Change ☐ Addition
NAME	ENRIQUEZ, ADALBERTO	1.2 NAME	Julio Bueno
STREET ADDRESS	P.O. BOX 574971 N/A	1.3 STREET ADDRESS	3039 Golden Rock Dr.
CITY-ST-ZIP	ORLANDO FL 32857-4971	1.4 CITY-ST-ZIP	Orlando, Fl. 32818
TITLE	DV	2.1 TITLE	DV ☑ Change ☐ Addition
NAME	DEL ORBE, CARMEN	2.2 NAME	Juan J. Rodriguez
STREET ADDRESS	P.O. BOX 574971 N/A	2.3 STREET ADDRESS	3039 Golden Rock Dr.
CITY-ST-ZIP	ORLANDO FL 32857	2.4 CITY-ST-ZIP	Orlando, Fl. 32818
TITLE	DS	3.1 TITLE	DS. ☑ Change ☐ Addition
NAME	BOU, OLGA	3.2 NAME	Iluminada Vandehorst
STREET ADDRESS	P.O. BOX 574971 N/A	3.3 STREET ADDRESS	3039 Golden Rock Dr
CITY-ST-ZIP	ORLANDO FL 32857	3.4 CITY-ST-ZIP	Orlando, Fl. 32818
TITLE	DT	4.1 TITLE	DT. ☐ Change ☐ Addition
NAME	HERNANDEZ, JUANA	4.2 NAME	Jesus Fraden
STREET ADDRESS	P.O. BOX 574971 N/A	4.3 STREET ADDRESS	3039 Golden Rock Dr.
CITY-ST-ZIP	ORLANDO FL 32857-4971	4.4 CITY-ST-ZIP	Orlando, Fl. 32818
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	PENA, JOSEFINA	5.2 NAME	Miriam Bueno
STREET ADDRESS	P.O. BOX 574971 N/A	5.3 STREET ADDRESS	3039 Golden Rock Dr.
CITY-ST-ZIP	ORLANDO FL 32857	5.4 CITY-ST-ZIP	Orlando, Fl. 32818
TITLE	D	6.1 TITLE	D ☑ Change ☐ Addition
NAME	SOCIAS, RAMEN	6.2 NAME	Jose Herrera
STREET ADDRESS	P.O. BOX 574971 N/A	6.3 STREET ADDRESS	3039 Golden Rock Dr.
CITY-ST-ZIP	ORLANDO FL 32857	6.4 CITY-ST-ZIP	Orlando, Fl. 32818

CR2E037 (3/95)

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)(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: Bueno Julio Bueno 07-01-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000076