

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002080 (0)**

1. Corporation Name

**ASOCIACION DOMINICANA DE LA FLORIDA CENTRAL INC.**



Principal Place of Business <b>508 MADRIGAL CT. ORLANDO FL 32825</b>	Mailing Address <b>8614 BRACKENWOOD DR ORLANDO FL 32829-8628 US</b>
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3. Date Incorporated or Qualified <b>05/06/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

4. FEI Number <b>59-3181060</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>MOLINA, JULIO 8614 BRACKENWOOD DR. ORLANDO FL 32829</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BUENO, JULIO</b>	
STREET ADDRESS <b>3039 GOLDEN ROCK DR</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RODRIGUEZ, JUAN J</b>	
STREET ADDRESS <b>3039 GOLDEN ROCK DR</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BUENO, MIRIAM</b>	
STREET ADDRESS <b>3039 GOLDEN ROCK DR</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HERRERA, JOSE</b>	
STREET ADDRESS <b>3039 GOLDEN ROCK DR</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
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 <b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Juan Rodriguez</b>	
1.3 STREET ADDRESS <b>8614 Brackenwood Drive</b>	
1.4 CITY-ST-ZIP <b>Orlando FL. 32829</b>	
2.1 TITLE <b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Jochy Reyes</b>	
2.3 STREET ADDRESS <b>8614 Brackenwood Drive</b>	
2.4 CITY-ST-ZIP <b>Orlando FL. 32829</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Loures Sanchez</b>	
3.3 STREET ADDRESS <b>8614 Brackenwood Drive</b>	
3.4 CITY-ST-ZIP <b>Orlando FL. 32829</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Tony Astacio</b>	
4.3 STREET ADDRESS <b>8614 Brackenwood Drive</b>	
4.4 CITY-ST-ZIP <b>Orlando FL. 32829</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Jose Herrera</b>	
5.3 STREET ADDRESS <b>8614 Brackenwood Drive</b>	
5.4 CITY-ST-ZIP <b>Orlando FL. 32829</b>	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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 \_\_\_\_\_ DATE **Jun 16 1997** 407-223-6141

CR2E037 (9/96)