

# 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 # **N93000004208 (5)**

1. Corporation Name

**ORGANIZACION COLOMBIANOS UNIDOS DE LA FLORIDA CENTRAL, INC.**

Principal Place of Business

Mailing Address

1718 NORTH GOLDEN ROAD  
SUITE #5  
ORLANDO FL 32807

7912 WINTER SONG DRIVE  
SUITE #5  
ORLANDO FL 32825  
US



3. Date Incorporated or Qualified

**09/13/1993**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4300 S. Semoran Blvd**

26 **P.O. BOX 677063**

4. FEI Number

**59-3209772**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 110**

27

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

City & State

City & State

23 **Orlando FL**

28 **Orlando FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

24 **32822**

25 **Orange**

29 **32827**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, ARACELLY  
7912 WINTER SONG DRIVE  
ORLANDO FL 32825**

81 Name

**MARTHA P. RODRIGUEZ**

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

**10130 TRILLIUMS DR**

83

84 City

**ORLANDO**

**FL**

85 Zip Code

**32825**

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

*[Signature]*

**MARTHA P. RODRIGUEZ**

**Secretary**

**4-22-96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	UCHIMA, LICIRIA S	
STREET ADDRESS	7848 AUTUMNWOOD DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ELIAS	
STREET ADDRESS	2202 CURRY FORD ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ARACELLY	
STREET ADDRESS	7912 WINTER SONG DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	PALACIOS, CARLOS	
STREET ADDRESS	1100 MURDOCK BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDO, LUBIN	
STREET ADDRESS	7848 AUTUMNWOOD DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	VELEZ, NINFA	
STREET ADDRESS	10126 TRILLIUMS DRIVE	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Nelson Betancourt</b>	
1.3 STREET ADDRESS	<b>6269 Whispering Way</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32807</b>	
2.1 TITLE	<b>Vice-President VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Dr. Gabriel Olivella</b>	
2.3 STREET ADDRESS	<b>5273 Curry Ford Rd</b>	
2.4 CITY-ST-ZIP	<b>Orlando FL 32812</b>	
3.1 TITLE	<b>Secretary S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MARTHA P. RODRIGUEZ</b>	
3.3 STREET ADDRESS	<b>10130 Trilliums Dr.</b>	
3.4 CITY-ST-ZIP	<b>Orlando FL 32825</b>	
4.1 TITLE	<b>Asst. Secretary AJT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Jesus Aponte</b>	
4.3 STREET ADDRESS	<b>5240 E. Colonial Dr.</b>	
4.4 CITY-ST-ZIP	<b>Orlando FL 32806</b>	
5.1 TITLE	<b>Treasurer T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>NINFA VELEZ</b>	
5.3 STREET ADDRESS	<b>10126 Trilliums Dr.</b>	
5.4 CITY-ST-ZIP	<b>Orlando FL 32825</b>	
6.1 TITLE	<b>Director D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Aracelly Gonzalez</b>	
6.3 STREET ADDRESS	<b>7912 Winter Song Dr.</b>	
6.4 CITY-ST-ZIP	<b>Orlando FL 32825</b>	

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:

*[Signature]*

**Marttha P. Rodriguez**

**4-22-96**

**382-7972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)