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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 CE NTRAL, INC.

Principal Place of Business	Mailing Address
4300 S SERMORAN BLVD STE 110 ORLANDO FL 32822 US	P.O. Box 677053 Orlando, FL 32867-7053 US

3. Date Incorporated or Qualified: **09/13/1993**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business
21 | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Suite, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

4. FEI Number: **59-3209772** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

RODRIGUEZ, MARTHA
10130 TRILLIUMS DR
ORLANDO FL 32825

10. **Name and Address of New Registered Agent**

81 Name: Gabriel Olivella
82 Street Address (P.O. Box Number is Not Acceptable): 4300 S. Semoran Blvd. Ste 110
83
84 City: Orlando, FL **FL** 85 Zip Code: 32822

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 X G. Olivella MD — 2-25-97
Signature, and/or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	BETANCOORT, NELSON		1.2 NAME	Jativa Diego - Trustee	T
STREET ADDRESS	6269 WHISPERING WAY		1.3 STREET ADDRESS	13444 Hamphire Place Cr	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	VP	☐ DELETE	2.1 TITLE	Gabriel Olivella-Director President	☒ Change ☐ Addition D
NAME	OLIVELLA, GABRIEL		2.2 NAME		
STREET ADDRESS	5273 CURRY FORD RD		2.3 STREET ADDRESS	4300 S. Semoran Blvd Ste 110	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32822	
TITLE	TD	☒ DELETE	3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	GONZALEZ, ARACELLY		3.2 NAME	Martha Rodriguez - Trustee	T
STREET ADDRESS	7912 WINTER SONG DR.		3.3 STREET ADDRESS	10130 Trilliums Dr.	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	ASAT	☒ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	APONTE, JESUS		4.2 NAME	Ninfa Velez - Trustee	T
STREET ADDRESS	5240 E COLONIAL DR		4.3 STREET ADDRESS	10126 Trilliums Dr.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	T	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VELEZ, NINA		5.2 NAME		
STREET ADDRESS	10126 TRILLIUMS DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	MD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VELEZ, NINFA		6.2 NAME		
STREET ADDRESS	10126 TRILLIUIMS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 added on an attachment with an address.

SIGNATURE: X G. Olivella MD — Feb 7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018199