

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 029 ****61.25

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ORGANIZACION COLOMBIANOS UNIDOS DE LA FLORIDA CENTRAL, INC.

300 S SERMORAN BLVD
STE 110
ORLANDO FL 32822
JS

P O BOX 677053
ORLANDO FL 32867-053
US

6 14330 - 90011 - 29



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3209772	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
OLIVELLA, GABRIEL 4300 S SEMORAN BLVD, STE 110 ORLANDO FL 32822				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL	85 Zip Code

IGNATURE

DATE _____

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE ME REET ADDRESS TY-ST-ZIP	VPT DIEGO, JATIVA 13444 HAMPHIRE PLACE CR ALTAMONTE SPRINGS FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
LE ME REET ADDRESS TY-ST-ZIP	PD OLIVELLA, GABRIEL 4300 S SEMORAN BLVD STE 110 ORLANDO FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
LE ME REET ADDRESS TY-ST-ZIP	ST GONZALEZ, SAYNARA 7818 WINTERSONG DR ORLANDO FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
LE ME REET ADDRESS TY-ST-ZIP	TT VELEZ, NINFA 10126 TRILLIUMS DR ORLANDO FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
LE ME REET ADDRESS TY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
LE ME REET ADDRESS TY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4. 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, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

Date _____

Daytime Phone # _____

CR2E037 (5/99)