

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 # N95000000387 (9)

1. Corporation Name

AMIGOS RETIRADOS, INC.



Principal Place of Business

1644 BOULDER CREEK CT.
APOPKA FL 32712

Mailing Address

P.O. BOX 627
APOPKA FL 32704-0627

3. Date Incorporated or Qualified
01/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1400 N Semoran Blvd**

26 **P.O. BOX 570038**

4. FEI Number

59-3293686

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite H**

27

City & State

City & State

23 **Orlando, FL**

28 **Orlando, FL**

Zip

Country

Zip

Country

24 **32807**

25 **Orange**

29 **32857-0038**

30 **orange**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRES, JOSE L
1644 BOULDER CREEK CT.
APOPKA FL 32712

81 Name

Nancy Torres

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

1644 Boulder Creek Ct

83

84 City

Apopka

FL

85 Zip Code

32712

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, typed 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

NAME **President**
STREET ADDRESS **Lupercio Valentin**
CITY-ST-ZIP **230 Coral Reef Circle**
Kissimmee, FL 34743

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE

NAME **Vice-President**
STREET ADDRESS **Humberto Olaverri**
CITY-ST-ZIP **7301 Marseille Circle**
Orlando, FL 32822

☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE

NAME **Treasurer**
STREET ADDRESS **Carlos Ramirez**
CITY-ST-ZIP **1200 Sawmill Ct**
Winter Park, FL 32792

☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE

NAME **Secretary**
STREET ADDRESS **Matilde Olaverri**
CITY-ST-ZIP **7301 Marseille Circle**
Orlando, FL 32822

☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE

NAME **Executive Director**
STREET ADDRESS **Jose Torres**
CITY-ST-ZIP **1644 Boulder Creek Ct**
Apopka, FL 32712

☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

849-4309

Date

Daytime Phone #

CR2E037 (12/95)