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FILED

Apr 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

1400 N. SEMORAN BLVD
SUITE EH
ORLANDO FL 32807
US

P.O. BOX 570038
ORLANDO FL 32857-0038
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

03/29/1996

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VALENTIN, LUPERCIO	
STREET ADDRESS	230 CORAL REEF CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OLAVERRI, HUMBERTO	
STREET ADDRESS	7301 MARSEILLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RAMIREZ, CARLOS	
STREET ADDRESS	1200 SAWMILL COURT	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	OLAVERRI, MATILDE	
STREET ADDRESS	7301 MARSEILLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	TORRES, JOSE	
STREET ADDRESS	1644 BOULDER CREEK COURT	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Matilde Olaverri	
13 STREET ADDRESS	7301 Marseille Circle	
14 CITY-ST-ZIP	Orlando, FL 32822	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Gladys Ruiz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	11030 Regency Commons Ct.	
43 STREET ADDRESS	Orlando, FL 32837	
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

CR2E037 (9/96)