

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000387 (9)**

1. Corporation Name

AMIGOS RETIRADOS, INC.



Principal Place of Business 1400 N. SEMORAN BLVD SUITE EH ORLANDO FL 32807 US		Mailing Address P.O. BOX 570038 ORLANDO FL 32857-0038 US		3. Date Incorporated or Qualified 01/06/1995	
2. Principal Place of Business 21 5448 Hoffner Ave. Suite, Apt. #, etc. 22 #405 City & State 23 Orlando, FL Zip 24 32812		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		4. FEI Number 59-3293686 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent TORRES, NANCY 1644 BOULDER CREEK COURT APOPKA FL 32712		10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 1644 Boulder Creek Ct 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PD	OLAVERRI, MATILDE	7301 MARSEILLE CIR.	ORLANDO FL				
TD	RAMIREZ, CARLOS	1200 SAWMILL COURT	WINTER PARK FL				
D	RUIZ, GLADYS	11030 REGENCY CONNERS ST.	ORLANDO FL	Vice Pres.	Lidiana Puig	7309 Cedar Creek Ct	Winter Park, FL 32792
D	TORRES, JOSE	1644 BOULDER CREEK COURT	APOPKA FL				

14. 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 changed, or on an attachment with an address.

SIGNATURE: *Matilde Olaverri* 2/5/98 407.380-1531

CFR2037 (1097)