

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 # **N95000002219 (2)**

1. Corporation Name

BALLET FOLKLORICO ISTMENO - RECUERDOS DE MI PANAMA, INC.



Principal Place of Business

Mailing Address

**2421 BONNEVILLE DR
ORLANDO FL 32826**

**2421 BONNEVILLE DR
ORLANDO FL 32826**

3. Date Incorporated or Qualified

3a. Date of Last Report

05/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

593805943

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

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARMEN, RAFAEL
2421 BONNEVILLE DR
ORLANDO FL 32826**

81 Name

Josefa R. Cummings

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

2421 Bonnevill Dr

83

84

City

Orlando

FL

85

Zip Code

32826

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

Josefa R. Cummings

(NOTE: Registered Agent signature required when reinstating)

DATE

April 29 - 96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **ARMEN, RAFAEL**

CITY-ST-ZIP **9433 RAVEN DELL**

ORLANDO FL 32825

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **CUMMINGS, JOSEFA R**

CITY-ST-ZIP **2421 BONNEVILLE DR**

ORLANDO FL 32826

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **CARVAJAL, ARAMIS**

CITY-ST-ZIP **4922 DOCKSIDE DR**

ORLANDO FL 32822

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **TURNER, MOISES M JR.**

CITY-ST-ZIP **1210 E COLONIAL DR**

ORLANDO FL 32803

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE **P/D**

1.2 NAME **Resident**

1.3 STREET ADDRESS **Aramis Carvajal**

1.4 CITY-ST-ZIP **3575 Tiderace - Court**

Orlando - FL 32822

2.1 TITLE **V/D**

2.2 NAME **Cummings, Josefa R**

2.3 STREET ADDRESS **2421 Bonnevill Dr**

2.4 CITY-ST-ZIP **Orlando FL 32826**

3.1 TITLE **T**

3.2 NAME **Treasurer**

3.3 STREET ADDRESS **Elisabeth Fong**

3.4 CITY-ST-ZIP **P.O. Box 6901022**

Orlando FL 32869-0122

4.1 TITLE **S/D**

4.2 NAME **Secretary**

4.3 STREET ADDRESS **Susana Morales**

4.4 CITY-ST-ZIP **3720-Connor Ave**

Orlando FL 32808

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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

April 9 - 1996

Date

Daytime Phone #

CR2E037 (12/95)

(13)

Last Name

- First

P/D

Carvajal

Aramis.

3515 Tidewater Court

Orlando FL 32822

V/D

Cummings

Josefa R

T

Fong

Elisabeth

S/D

Morales

Susana.

- FBI 593305 943 -