

5-16-97

B-1460

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FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32826-3311**



3. Date Incorporated or Qualified
05/09/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3305943

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUMMINGS, JOSEFA R
2421 BONNEVILLE DR
ORLANDO FL 32826**

81 Name

Cummings Josefa R

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

Josefa R. Cummings

(NOTE: Registered Agent signature required when reinstating)

DATE

29-4-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ARAMIS, CARVAJOL**
STREET ADDRESS **3515 TIDRACE CT**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **PD**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Aramis Carvajal ☒ Change ☐ Addition
3515 Tidrace CT
Orlando FL

TITLE **VD** ☐ DELETE
NAME **CUMMINGS, JOSEFA R**
STREET ADDRESS **2421 BONNEVILLE DR**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **FONG, ELISABETH**
STREET ADDRESS **PO BOX 890122**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **T**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Jesus M Cruz ☒ Change ☐ Addition
9918 Dean Oaks Court
32825

TITLE **SD** ☐ DELETE
NAME **MORALES, SUSANA**
STREET ADDRESS **3720 CONNER AVE**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Josefa R. Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/97
Date

Daytime Phone # 0017600

CR2E037 (9/96)