NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500002219

BALLET FOLKLORICO ISTMENO - RECUERDOS DE MI PANA MA, INC.

Principal Place of Business
2421 BONNEVILLE OR
ORLANDO FL 32826

2. Principal Place of Business

Mailing Address

2421 BONNEVILLE DR ORLANDO FL 32826

2a. Mailing Address

26

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90022 034 ****70.00



Applied For

3. Date Incorporated or Qualifed

05/09/1995

4. FEI Number

CLY & State City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For	
City & State City & State City & State City & State 20 Country 20	27					59-3305943	No	t Applicable	
28 27 29 20 29 30 30 30 30 30 30 30 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					5 Certificate of Status Desired	1.0		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Power of New Registered Agent 15. Power of New Registered Agent 16. Name and Address of New Registered Agent 17. Power of New Registered Agent 18. Name 19. Name						Tr. Commence of States Position	Fee Re	equired	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Name 15. Name 16. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. 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, and accept the objectives of Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the objectives of Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent, or both in the State of Florida State and the State of Florida State and Florida State and Florida State and Florida State and F				Country	or Election campaign I managed				
CUMMINGS, JOSETA R 2421 BONNEVILLE DR ORLANDO FL 32826 Street Address (P.O. Box Number is Not Acceptable)	25 29 30			<u> </u>	Trust Fund Contribution Added to Fees				
CUMMINGS, JOSETA R 2421 BONNEVILLE DR ORLANDO FL 32826 Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Current	Registered Agent						
### BONNEVILLE DR ORLANDO FL 32826 ### City ###				81	Name			1	
### BONNEVILLE DR ORLANDO FL 32826 ### City ###	CUMMINGS JOSETA R				82 Street Address (P.O. Box Number is Not Acceptable)				
STREET ADDRESS STRE					out of the control of				
Section Sect	- · ·							1 1	
TIT, Fursuant 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, and accept the obligations of Sections 617.0503, Florida Statutes. SIGNATURE PO	CILDUIDO	1 5 05050					ns 7in (Codo	
TIT, Furniant to the provisions of Sections 617,0502 and 617,1508. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent, to 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, to 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 and the registered agent agent and the registered agent				84	City		FL S Z P \	J008	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Inversory accept the appointment as registered agent. I am a familiar with, and accept the obligations of section 617.0503, Pickles Statutes. SIGNATURE SUPPLIES SUPPLIES AND DIRECTORS INC. PD CARVAJAL, ARAMIS CARVAJAL, ARAMIS STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 NAME CARVAJAL, ARAMIS STREET ADDRESS OVIEDO FL 32765 ILC. CARVAJAL, ARAMIS CUMMINGS, JOSEFA R 22 NAME 23 STREET ADDRESS ORLANDO FL 32 NAME CABRERA, SIBYLA 23 STREET ADDRESS ORLANDO FL 32 NAME CABRERA, SIBYLA 23 STREET ADDRESS ALCTIV ST. 2P ORLANDO FL 32 NAME ARMIEN, SALLY 43 STREET ADDRESS ALCTIV ST. 2P DELETE ATTIME ACCIT VA PARAMOP Addition Addition ACTIV ST. 2P ACTIV ST. 2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LY NAME ACTIV ST. 2P CORNADO FL ACTIV ST. 2P ACTIV ST. 2P ACTIV ST. 2P CORNADO FL ACTIV ST. 2P ACTIV ST. 2P ACTIV ST. 2P CORNADO FL ACTIV ST. 2P ACTIV ST. 2P ACTIV ST. 2P CORNADO FL ACTIV ST. 2P ACTIV ST. 2P ACTIV ST. 2P CORNADO FL ACTIV ST. 2P ACTIV ST. 2P CORNADO FL ACTIV ST. 2P ACTIV ST. 2P ACTIV ST. 2P CORNADO FL ACTIV ST. 2P ACTIV ST	44. Compared the precisions of Sections S17 0503 and S17 1508. Florida Statutes the above-paged comparation submits this statement for the purpose of changing its registered								
SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11.1TILE PD 12.NAME 12.	office or a	egistered agent or both in the State of	l Florida. Such change was auth	orized by	the corporatio	n's board of directors. I hereby accept	the appointment as re	gistereo :	
Signature required Appert suparature required Ap				a Ciqibiba.		6-3-49		1	
TITLE PD DELETE	SIGNATURE		and title if applicable (NOTE: Re	gistered Agen	signature required	when reinstating)			
MANNE CARVAJAL, ARAMIS 2430 WEST MINISTER TERRACE OVIEDO FL 32765 TITLE VD OVIEDO FL 32765 OVIEDO FL 3276 OVIEDO FL 327	12.			13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTO	RS IN 12	
CARVAJAL, ARAMIS 2430 WEST MINISTER TERRACE OVIEDO FL 32765 UD DELETE UD CUMMINGS, JOSEFA R 2421 BONNEVILLE DR ORLANDO FL CABRERA, SIBYLA STREET ADDRESS 2001 RIVER PARK BLVD. ORLANDO FL 32817 TITLE STREET ADDRESS ORLANDO FL	TITLE	PO	☐ DELETE	1.1 TITLE	200	acuasal Assm	Change	Addition	
STREET ADDRESS OVIEDO FL 32765 THE VD CUMMINGS, JOSEFA R STREET ADDRESS ALI DRONNEVILLE DR OTIV-ST-ZIP ORLANDO FL TITLE CABRERA, SIBYLA 2001 RIVER PARK BLVD. ORLANDO FL 32817 TITLE S ALI DRON O SPINGS 32 114 CABRERA, SIBYLA 23 MAME STREET ADDRESS ALITY-ST-ZIP ORLANDO FL 32817 TITLE S ALITY-ST-ZIP ORLANDO FL 32817 TITLE S ALITY-ST-ZIP ORLANDO FL 32825 OLIV-ST-ZIP OLIV-	NAME I	CARVAJAL. ARAMIS		1.2 NAME	10 2	13 Dat 11 "	-		
OVIEDO FL 32765 OVIEDO				1.3 STREET	ADDRESS	Sio aprili	T	41.7	
THE VD CUMMINGS, JOSEFA R WAME CUMMINGS, JOSEFA R STREET ADDRESS 2421 BONNEVILLE DR. ORLANDO-FL ORLANDO-FL CABRERA, SIBYLA STREET ADDRESS 2001 RIVER PARK BLVD. OTIV-ST-ZP ORLANDO FL 32817 ORLANDO FL 32817 ORLANDO FL 32817 ORLANDO FL 32817 ORLANDO FL 32825 ORLANDO FL 38225 ORLANDO FL 38			•		1	Altamonto SPri	195 32'	117	
CUMMINGS, JOSEFA R 2421 BONNEVILLE DR. ORLANDO-FL TITLE TO DELETE 3.1 TITLE CABRERA, SIBYLA 3.2 MANE CABRERA, SIBYLA 3.3 STREET ADDRESS CABRERA, SIBYLA 3.3 STREET ADDRESS CABRERA, SIBYLA 3.4 CITY-ST-ZIP ORLANDO FL 32817 TITLE ARMIEN, SALLY 4.1 TITLE ARMIEN, SALLY 4.2 NAME ARMIEN, SALLY 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ORLANDO FL 38225 TITLE ORLANDO FL 38225 TITLE ORLANDO FL 38225 DELETE DELETE DELETE DIVARDIG, RAMON 1.3 STREET ADDRESS ALCITY-ST-ZIP ORLANDO FL 38225 TITLE ORLANDO FL 38225 DELETE DIVARDIG, RAMON 1.3 STREET ADDRESS DIVARDIG, RAMON 1.3 STREET			☐ DELETE		100	7 220	- /□ Change	Addition	
STREET ADDRESS 2421 BONNEVILLE DR ORLANDO FL ORLANDO FL CABRERA, SIBYLA STREET ADDRESS 24 CITY-ST-ZIP ORLANDO FL CABRERA, SIBYLA 2001 RIVER PARK BLVD. ORLANDO FL 32817 ORLANDO FL 32817 ORLANDO FL 32817 DELETE A TITLE SACITY-ST-ZIP ORLANDO FL 32817 DELETE A TITLE SACITY-ST-ZIP A TITLE STREET ADDRESS A HOMO A TO SPITT AS SACITY-ST-ZIP A TITLE ORLANDO FL 32825 ORLAN		, • <u> </u>		22 NAME	VVC	om mings		K .	
ORLANDO FL ORLAND					ADDRESS 2	1421 OBoni	neville s	Da-	
DELETE STREET ADDRESS OFF. ST. ZIP ORLANDO FL 32817 ORLANDO FL 32817 ORLANDO FL 32825 ORLANDO FL 38225 ORLANDO FL						valando Fl. 3	2826	-	
AMME CABRERA, SIBYLA 2001 RIVER PARK BLVD. ORLANDO FL 32817 ORLANDO FL 32825 ORLANDO FL 32825 ORLANDO FL 38225 ORLANDO FL 32825		T	DELETE				Change	☐ Addition	
STREET ADDRESS ORLANDO FL 32817 TITLE S ARMIEN, SALLY 9433 RAVEN DELL ORLANDO FL 38225 TITLE D OLIVARDIG, RAMON 10321 CRYSTAL POINT DR. ORLANDO FL 32825 TITLE ORLANDO FL 3		CARRERA SIRVIA	_			isa miz ica	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ļ	
ORLANDO FL 32817 ORLANDO FL 32817 ORLANDO FL 32817 ORLANDO FL 32817 ALCITY-ST-ZIP ALTITLE STREET ADDRESS ORLANDO FL 38225 ORLANDO FL 32825 ORLANDO FL 382825 ORL					ADDRESS 8	18 apx 7	0_5	الدرس	
ARMIEN, SALLY ARMIEN, SALLY 9433 RAVEN DELL ORLANDO FL 38225 DELETE D OLIVARDIG, RAMON 10321 CRYSTAL POINT DR. ORLANDO FL 32825		_		-	N	Hampinto Spr	ings 30	1117	
ARMIEN, SALLY 9433 RAVEN DELL ORLANDO FL 38225 ORLANDO FL 32825			□ DELETE			. 1.	Change	Addition	
STREET ADDRESS ORLANDO FL 38225 ORLANDO FL 32825			Val. 1		21	V- '	3, 34 J		
ORLANDO FL 38225 ORLANDO FL 38225 ORLANDO FL 38225 OLIVARDIG, RAMON OLIVARDIG, RAMON STREET ADDRESS ORLANDO FL 32825 ORLANDO FL 38225 ORLANDO FL 3822		– •	!		Annesse Q	3 HOLLD WELL	· ·		
OLIVARDIG, RAMON STREET ADDRESS ONLY-ST-ZIP OLIVARDIG, RAMON 10321 CRYSTAL POINT DR. ORLANDO FL 32825 DELETE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP OCIONAL Change Addition Change Addition Change Addition Change Addition Change Addition						I clanda Fl. 5	308 2 D		
OLIVARDIG, RAMON 10321 CRYSTAL POINT DR. ORLANDO FL 32825 OLIVARDIG, RAMON 10321 CRYSTAL POINT DR. ORLANDO FL 32825 OLIVARDIG, RAMON 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP OF Jando Fl. 32825 OCHANDO FL 32825			□ DELETE			2 (10,100)	Change	☐ Addition	
OCTANDOR, TRANSCOTT TO THE STREET ADDRESS OF TAXABLE POINT DR. ORLANDO FL 32825 DELETE DELETE Change Addition		•	C) Detect		D	111001910 L	amon	_ 1	
ORLANDO FL 32825 54 CITY-ST-ZIP ORLANDO FL 32825 54 CITY-ST-ZIP Orlando Fl. 32825 Change Addition Change Addition OTTY-ST-ZIP ORLANDO FL 32825 STREET ADORESS 63 STREET ADORESS 64 CITY-ST-ZIP					ADDRESS /	0321 Crysta	loint	W	
DELETE DELETE G.1 TITLE Change Addition						-1-do F1 35	マット		
NAME 62 NAME 62 NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP	CITY-ST-ZIP	UNLANDU FL 32823	רו מכו בדר			FISHOU II. Jo		Addition	
63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP			ריז מבירבוב				□ o idilgo		
STREET ADDRESS OTTY-ST-ZIP 64 CITY-ST-ZIP	NAME				***************************************				
111·31·2P	STREET ADDRESS								
	CITY-ST-ZIP		And feet and a second second			nation 110 07/3\/i) Florida Statutos 1	further certify that the i	nformation	

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 173.07(5)(f), I listed stateds. I turned certify that the findicated 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, with all other like empowered.

SIGNATURE: