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May 10, 1999 8:00 am  
Secretary of State

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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002219

1. Corporation Name

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

Principal Place of Business

2421 BONNEVILLE DR  
ORLANDO FL 32826

Mailing Address

2421 BONNEVILLE DR  
ORLANDO FL 32826



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/09/1995

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

9. Name and Address of Current Registered Agent

CUMMINGS, JOSETA R  
2421 BONNEVILLE DR  
ORLANDO FL 32826

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 *Josefa R. Cummings*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-3-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARVAJAL, ARAMIS  
STREET ADDRESS 2430 WEST MINISTER TERRACE  
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE T  
NAME CABRERA, SIBYLA  
STREET ADDRESS 2001 RIVER PARK BLVD.  
CITY-ST-ZIP ORLANDO FL 32817

TITLE S  
NAME ARMEN, SALLY  
STREET ADDRESS 9433 RAVEN DELL  
CITY-ST-ZIP ORLANDO FL 38225

TITLE D  
NAME OLIVARDIG, RAMON  
STREET ADDRESS 10321 CRYSTAL POINT DR.  
CITY-ST-ZIP ORLANDO FL 32825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Carvajal Aramis  
1.3 STREET ADDRESS 818 apt H  
1.4 CITY-ST-ZIP Altamonte Springs 32714

2.1 TITLE VD  
2.2 NAME Cummings Josefa R  
2.3 STREET ADDRESS 2421 Bonneville Dr  
2.4 CITY-ST-ZIP Orlando FL 32826

3.1 TITLE T  
3.2 NAME Aramis Carvajal  
3.3 STREET ADDRESS 818 apt H  
3.4 CITY-ST-ZIP Altamonte Springs 32714

4.1 TITLE S  
4.2 NAME Yarineth Alvarado  
4.3 STREET ADDRESS 931 Hollowell Ct  
4.4 CITY-ST-ZIP Orlando FL 32828

5.1 TITLE D  
5.2 NAME Olivardia Ramon  
5.3 STREET ADDRESS 10321 Crystal Point Dr  
5.4 CITY-ST-ZIP Orlando FL 32825

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Josefa R. Cummings*

5-3-99

CR2E037 (11/98)