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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002492 (5)

1. Corporation Name
AMIGO, MEXICAN AMERICAN ASSOCIATION, INC.

[redacted]

Principal Place of Business	Mailing Address
4845 MYRTLE BAY DR. ORLANDO FL 32829	4845 MYRTLE BAY DR. ORLANDO FL 32829

3. Date Incorporated or Qualified: 05/25/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1007 Providence Ln.	26 P.O. Box 5103.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Oviedo, Florida.	City & State 28 Winter Park, FL
Zip 24 32765 Country 25 U.S.A.	Zip 29 32793 Country 30 U.S.A.

4. FEI Number: 59-3050190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

HERNANDEZ, HUGO E
4845 MYRTLE BAY DR.
ORLANDO FL 32829

10. Name and Address of New Registered Agent

81 Name: Joseph Galvan
82 Street Address: (P.O. Box Number is Not Acceptable) 1007 Providence Ln.
83
84 City: Oviedo FL 85 Zip Code: 32765

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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. Each 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 617.0500, Florida Statutes.

SIGNATURE: Joseph Galvan 4-25-97
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13.		
TITLE	PD	☐ DELETE	13.1 TITLE	PD.	☑ Change ☐ Addition
NAME	HERNANDEZ, HUGO E		13.2 NAME	JOSEPH GALVAN	
STREET ADDRESS	4845 MYRTLE BAY DR.		13.3 STREET ADDRESS	1007 PROVIDENCE LN.	
CITY-ST-ZIP	ORLANDO FL 32829		13.4 CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VD	☐ DELETE	14.1 TITLE	VD	☑ Change ☐ Addition
NAME	AVILA, MARTHA		14.2 NAME	HOMER TORRES	
STREET ADDRESS	3220 DAWLEY STREET		14.3 STREET ADDRESS	4032 LAKE UNDERHILL RD. APT. T	
CITY-ST-ZIP	ORLANDO FL 32806		14.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32803	
TITLE	TD	☐ DELETE	15.1 TITLE	TD	☑ Change ☐ Addition
NAME	HAYES-GALLEGOS, LINDA		15.2 NAME	IRIS FERNANDEZ	
STREET ADDRESS	7306 SWALLOW RUN		15.3 STREET ADDRESS	3202 FAIRFIELD DR.	
CITY-ST-ZIP	WINTER PARK FL 32792		15.4 CITY-ST-ZIP	KISSIMMEE, FLORIDA 34743.	
TITLE	SD	☐ DELETE	16.1 TITLE	SD	☑ Change ☐ Addition
NAME	ROSS, PATRICIA		16.2 NAME	SALLY GALVAN	
STREET ADDRESS	1657 CANOE CREEK RD.		16.3 STREET ADDRESS	1007 PROVIDENCE LN	
CITY-ST-ZIP	OVIEDO FL 32766		16.4 CITY-ST-ZIP	OVIEDO, FLORIDA 32765.	
TITLE		☐ DELETE	17.1 TITLE		☐ Change ☐ Addition
NAME			17.2 NAME		
STREET ADDRESS			17.3 STREET ADDRESS		
CITY-ST-ZIP			17.4 CITY-ST-ZIP		
TITLE		☐ DELETE	18.1 TITLE		☐ Change ☐ Addition
NAME			18.2 NAME		
STREET ADDRESS			18.3 STREET ADDRESS		
CITY-ST-ZIP			18.4 CITY-ST-ZIP		

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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)(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: Joseph G. Galvan 4-25-97 (407) 671-3919
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone #