

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 19 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 # N95000004268 (7)

1. Corporation Name

CAPITULO OMEGA COLUMBIA BORIQUEN, INC.



Principal Place of Business Mailing Address  
8575 CHICKASAW FARMS 8575 CHICKASAW FARMS  
ORLANDO FL 32825 ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/07/1995		02/13/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-3338434		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARANA, ADALBERTO JR.  
8575 CHICKASAW FARMS  
ORLANDO FL 32825

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 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	ARANA, ADALBERTO	1.2 NAME	
STREET ADDRESS	8575 CHICKASAW FARMS	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	P/D
NAME	MEDINA, JOSE O	2.2 NAME	
STREET ADDRESS	220 W. SPRING LAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	FAIELLA, ROBERT	3.2 NAME	
STREET ADDRESS	426 DIA DEL SOL	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	VP/D
NAME	LEDESMA, REINALDO	4.2 NAME	
STREET ADDRESS	1315 SASSAFRAS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	T/P
NAME		5.2 NAME	Aldea, Jose I.
STREET ADDRESS		5.3 STREET ADDRESS	5657 Donnelly Circle
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FL 32831
TITLE		6.1 TITLE	S/D
NAME		6.2 NAME	Colorado, Antonio R.
STREET ADDRESS		6.3 STREET ADDRESS	564 Holbrook Circle
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAKE MARY, FL 32746

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, as an attachment with an address.

SIGNATURE REINALDO LEDESMA 9/14/97 (407) 849-0560 EXT. 143

CP2E037 (4/97)