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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N95000005781 (8)**

1. Corporation Name

PABELLON DE LA VICTORIA DE ORLANDO, INC.

Principal Place of Business: 6001 SILVER STAR RD ORLANDO FL 32808 Please, Delete

Mailing Address: P.O. BOX 691055 ORLANDO FL 32819 Please, Delete

New address!

2. Principal Place of Business
21: 12400 Uracus St.
22: Suite, Apt. #, etc. Orlando, FL
23: City & State
24: Zip 32837
25: Country Orange

2a. Mailing Address
26: 12400 Uracus St.
27: Suite, Apt. #, etc. Orlando, FL
28: City & State
29: Zip 32837
30: Country Orange

3. Date Incorporated or Qualified: 12/06/1995

4. FEI Number: 59-3357046 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

PEREZ, RUBEN
6820 KARA COURT
ORLANDO FL 32819

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, HECTOR R		1.2 NAME		
STREET ADDRESS	6820 KARA COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOTTA, WANDA		2.2 NAME		
STREET ADDRESS	11900 HATCHER CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE	DP - President	☒ Change ☐ Addition
NAME	PEREZ, RUBEN		3.2 NAME		
STREET ADDRESS	6820 KARA CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, SAMUEL		4.2 NAME		
STREET ADDRESS	2802 DELCREST COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	Rafael A. Ortiz		5.2 NAME		
STREET ADDRESS	12601 Gettysburg Cr.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32837		5.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	Miguel Castro		6.2 NAME		
STREET ADDRESS	1924 Sunny St.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Kissimmee, FL 34741		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.