

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mohrhardt
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000000557 (6)**

1. Corporation Name

ALIANZA CIVICA HISPANA DE LA FLORIDA CENTRAL, INC.

Principal Place of Business

Mailing Address

**6220 S. ORANGE BLOSSOM TRL., STE. 142
ORLANDO FL 32809****6220 S. ORANGE BLOSSOM TRL., STE. 142
ORLANDO FL 32809-4677**

3. Date Incorporated or Qualified

01/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CEPERO, ANGEL
6220 S. ORANGE BLOSSOM TRL., STE. 142
ORLANDO FL 32809**

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	D	<input type="checkbox"/> DELETE
NAME	CEPERO, ANGEL	
STREET ADDRESS	7809 SNOWBERRY CIR.	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, HIRAM	
STREET ADDRESS	8658 CURRY FORD RD.	
CITY - ST - ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYAS, ARMANDO	
STREET ADDRESS	1018 E. ROBINSON ST.	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIVERA, JOSE R	
STREET ADDRESS	4150 MAU MAU LN.	
CITY - ST - ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAZ, VICTOR	
STREET ADDRESS	5029 TANGERINE AVE.	
CITY - ST - ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SERRANO, WALDEMAR	
STREET ADDRESS	137 ABBEY HOLLOW DR.	
CITY - ST - ZIP	APOPKA FL 32712	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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, or on an attachment with an address.

SIGNATURE:

Armando Payas**3/27/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017010

CR2E037 (9/96)