

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90007 007 ****61.25

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1. Corporation Name

ALIANZA CIVICA HISPANA DE LA FLORIDA CENTRAL, IN
C.

Principal Place of Business

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

Mailing Address

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

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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

01/29/1996

4. FEI Number

NOT APPLICABLE

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME CEPERO, ANGEL
STREET ADDRESS 7809 SNOWBERRY CIR.
CITY-ST-ZIP ORLANDO FL 32819

TITLE D DELETE

NAME BUSTAMANTE, HIRAM
STREET ADDRESS 8658 CURRY FORD RD.
CITY-ST-ZIP ORLANDO FL 32825

TITLE D DELETE

NAME PAYAS, ARMANDO
STREET ADDRESS 1018 E. ROBINSON ST.
CITY-ST-ZIP ORLANDO FL 32801

TITLE D DELETE

NAME VALARINO, LIZETTE
STREET ADDRESS 3338 NETHERWOOD DR
CITY-ST-ZIP ORLANDO FL 32792

TITLE D DELETE

NAME LORENZO, CARLOS
STREET ADDRESS 100 S HUGHEY AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE D DELETE

NAME SERRANO, WALDEMAR
STREET ADDRESS 137 ABBEY HOLLOW DR.
CITY-ST-ZIP APOPKA FL 32712

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)