

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006454 (0)**
1. Corporation Name

CASA DE MEXICO DE LA FLORIDA CENTRAL, INC.



Principal Place of Business 400 SOUTH ORANGE AVENUE 9TH FLOOR ORLANDO FL 32801	Mailing Address 400 SOUTH ORANGE AVENUE 9TH FLOOR ORLANDO FL 32801
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/16/1996	4. FEI Number 59-3428138	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**PICKERT, STEPHEN W
201 EAST PINE STREET
SUITE 710
ORLANDO FL 32801**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PTS <input type="checkbox"/> DELETE
NAME	CANCHOLA, S. RICARDO
STREET ADDRESS	1857 S. KIRKMAN RD. 1021
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	D <input type="checkbox"/> DELETE
NAME	CAMPOS, LUIS G
STREET ADDRESS	14901 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	D <input type="checkbox"/> DELETE
NAME	PINEDO, JAVIER
STREET ADDRESS	3290 OVERLAND RD.
CITY-ST-ZIP	APOPKA FL 32703
TITLE	D <input type="checkbox"/> DELETE
NAME	SALKIND, ILYA
STREET ADDRESS	1000 UNIVERSAL STUDIOS FLORIDA PLAZA
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	C <input type="checkbox"/> DELETE
NAME	DEBLER, RICHARD D
STREET ADDRESS	1810 AV OF THE STARS, TLR A-16, EPCOT CENTER
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 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: S. RICARDO CANCHOLA

MARCH - 19 - 1998 (407) 4206896

CR2E037 (10/97)