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FILED
Jun 18 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 # N97000002070 (7)
 1. Corporation Name
CENTRO DE ALABANZA YIREH, INC.



Principal Place of Business 13007 SAN DIEGO WOODS ORLANDO FL	Mailing Address P O BOX 770601 ORLANDO FL 32877
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3. Date Incorporated or Qualified
04/10/1997

4. FEI Number 59-3452462	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 5901 S. ORANGE AVE.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FLORIDA	City & State 28
Zip 24 32859-3102	Country 25 ORANGE
Zip 29	Country 30

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

6. Name and Address of Current Registered Agent

**NEGRON, MARIA E
 13007 SAN DIEGO WOODS
 ORLANDO FL**

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

FL

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 *Maria E. Negrón*
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	SECRETARY <input checked="" type="checkbox"/> DELETE
NAME	ELIZABETH SANCHEZ
STREET ADDRESS	3013 AUTUMN RUN COURT
CITY-ST-ZIP	ORLANDO, FL. 32822
TITLE	TRUSTEE <input type="checkbox"/> DELETE
NAME	JUAN ORTIZ
STREET ADDRESS	129 CREEKSIDE WAY
CITY-ST-ZIP	ORLANDO, FLORIDA 32824
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	JOSE LUIS NEGRON
STREET ADDRESS	13007 SAN DIEGO WOODS LANE
CITY-ST-ZIP	ORLANDO, FLORIDA 32824
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	MARIA ESTHER NEGRON
STREET ADDRESS	13007 SAN DIEGO WOODS LANE
CITY-ST-ZIP	ORLANDO, FLORIDA 32824
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
1.2 NAME	SECRETARY
1.3 STREET ADDRESS	LYNDA N. FIGUEROA
1.4 CITY-ST-ZIP	503 ERICAWAY WINTER SPRING, FLORIDA 32708
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 *Maria E. Negrón*

CR2E037 (10/97)