

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90180 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



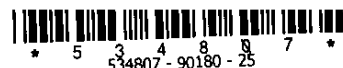
FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N97000002070**

1. Corporation Name  
**CENTRO DE ALABANZA YIREH, INC.**

Principal Place of Business  
 5901 S ORANGE AVE  
 ORLANDO FL 32859-3102  
 US

Mailing Address  
 P O BOX 770601  
 ORLANDO FL 32877



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/10/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3452462</b>	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEGRON, MARIA E 13007 SAN DIEGO WOODS ORLANDO FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S FIGUEROA, LYNDIA N</b>	1.2 NAME	
STREET ADDRESS	<b>503 ERICA WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRING FL 32708</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T ORTIZ, JUAN</b>	2.2 NAME	
STREET ADDRESS	<b>129 CREEKSIDE WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D NEGRON, JOSE L</b>	3.2 NAME	
STREET ADDRESS	<b>13007 SAN DIEGO WOODS LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D NEGRON, MARIA E</b>	4.2 NAME	
STREET ADDRESS	<b>13007 SAN DIEGO WOODS LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5-1-99 407 251-6713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)