

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **P93000025256 (7)**

1. Corporation Name

**LOS AMIGOS OF OSCEOLA, INC.**



Principal Place of Business	Mailing Address
<b>131 BVENAVENTURA BLVD. STE. 1 KISSIMMEE FL 34743</b>	<b>131 BVENAVENTURA BLVD. STE. 1 KISSIMMEE FL 34743</b>

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/31/1993</b>	3a. Date of Last Report <b>06/23/1995</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3166386</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**MCINTEE, JOHN E  
241 EAST RUBY AVENUE  
STE. A  
KISSIMMEE FL 34741**

81 Name **Jorge Dajer**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**783 Country Wood Circle**  
83  
84 City **Kissimmee** FL 85 Zip Code **34744**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

Signature typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

**6/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	11 TITLE	
NAME	DAJER, JORGE	12 NAME	
STREET ADDRESS	783 COUNTRY WOOD CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	
NAME	BATISTA, RAFAEL	22 NAME	
STREET ADDRESS	783 COUNTRY WOOD CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/12/96 407-348-5272**

CR2E034 (3/96)