

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**

**Sep 17 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000016362 (1)**

1. Corporation Name  
**CENTRAL LEGAL LATINO, INC.**



Principal Place of Business  
**2390 OAK RIDGE RD  
ORLANDO FL 32839**

Mailing Address  
**2390 OAK RIDGE RD  
ORLANDO FL 32839**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/19/1996** 3a. Date of Last Report **N-A**

2. Principal Place of Business  
21 **2390 W. OAK RIDGE RD.** 2a. Mailing Address  
26 **2390 W. OAK RIDGE RD.**

Suite, Apt. #, etc.  
22 Suite, Apt. #, etc.  
27

City & State  
23 **ORLANDO, FL.** 28 **ORLANDO, FL.**

Zip Country  
24 **32809** 25 **ORANGE** 29 **32809** 30 **ORANGE**

4. FEI Number **59-3400990** 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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**GARCIA, FREY A  
2390 OAK RIDGE RD  
ORLANDO FL 32839**

10. Name and Address of New Registered Agent  
81 Name **ALTAGRACIA L. GARCIA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2390 W. OAK RIDGE RD.**  
83  
84 City **ORLANDO,** FL 85 Zip Code **32809**

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 of 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]* **ALTAGRACIA L. GARCIA** 9-14-97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PRESIDENT  
FREY A. GARCIA**  
STREET ADDRESS **2390 W. OAK RIDGE RD.**  
CITY-ST-ZIP **ORLANDO, FL., 32809**

1.1 TITLE  Change  Addition  
1.2 NAME **PRESIDENT  
ALTAGRACIA L. GARCIA**  
1.3 STREET ADDRESS **2390 W. OAK RIDGE RD.**  
1.4 CITY-ST-ZIP **ORLANDO, FL., 32809**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME **SECRETARY  
KARINA BAUTISTA**  
2.3 STREET ADDRESS **2390 W. OAK RIDGE RD.**  
2.4 CITY-ST-ZIP **ORLANDO, FL., 32809**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ALTAGRACIA L. GARCIA** 9-14-97 407-888-3535

CR2E034 (4/97)