

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 761959 (6)

1. Corporation Name
PARTIDO DEMOCRATA CRISTIANO, INC.



Principal Place of Business: 335 FLUVIA CORAL GABLES FL 33134
Mailing Address: 335 FLUVIA CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 02/05/1982
3a. Date of Last Report: 08/14/1995
4. FEI Number: 65-0139529
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**PERMUY, JESUS A.
335 FLUVIA
CORAL GABLES FL 33134**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, HUMBERTO	1.2 NAME	
STREET ADDRESS	GEORGETOWN 774 / UNIVERSITY GARDENS	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN JUAN FL	1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA-PALACIO, MARIA	2.2 NAME	
STREET ADDRESS	11250 SW 197 ST #139	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, JOSE A.	3.2 NAME	
STREET ADDRESS	380 E. 35 ST APTO. #10	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACEIRAS, LEONARDO	4.2 NAME	
STREET ADDRESS	755 HARBOR DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERMUY, JESUS	5.2 NAME	
STREET ADDRESS	335 FLUVIA	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, NEIL	6.2 NAME	
STREET ADDRESS	1617 SW 136 PL	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	

Rafael Aguirre, v.d.
10252 N.W. 52 Terr.
Miami, Fl.

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 unchanged, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEONARDO MACEIRAS

April 29/96 (305) 44
Date Daytime Phone #

CR2E037 (12/95)