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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000001978 (3)

1. Corporation Name
DOMINICAN PROFESSIONALS AND BUSINESSMEN/WOMEN AS SOCIATION OF THE TAMPA BAY AREA, INC.



Principal Place of Business: 3002 WEST PRICE AVENUE TAMPA FL 33611
Mailing Address: 3002 WEST PRICE AVENUE TAMPA FL 33611-3840

3. Date Incorporated or Qualified: 04/12/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3372040		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		[X]		[]	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		[]		[]	
24. Zip		25. Country		29. Zip		30. Country	
24		25		29		30	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
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 re-instating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V
NAME	SOTO, DAMARIS	1.2 NAME	MENDEZ, ANA M.
STREET ADDRESS	C/O 3002 WEST PRICE AVENUE	1.3 STREET ADDRESS	10411 N. ASHELY ST.
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	TAMPA, FL 33612
TITLE	TD	2.1 TITLE	S
NAME	BENEDICTO, GUSTAVO	2.2 NAME	UREÑA, CLARA
STREET ADDRESS	C/O 3002 WEST PRICE AVENUE	2.3 STREET ADDRESS	2213 CITRUS VALLEY CIR.
CITY-ST-ZIP	TAMPA FL 33611	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	SD	3.1 TITLE	T
NAME	HERRERA, TRUDY	3.2 NAME	HERRERA, TRUDY
STREET ADDRESS	C/O 3002 WEST PRICE AVENUE	3.3 STREET ADDRESS	2815 W. HORATIO ST. #8
CITY-ST-ZIP	TAMPA FL 33611	3.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE	TD	4.1 TITLE	D
NAME	BENEDICTO, GUSTAVO	4.2 NAME	BENEDICTO, GUSTAVO
STREET ADDRESS	C/O 3002 WEST PRICE AVENUE	4.3 STREET ADDRESS	7607 CORTEZ CT.
CITY-ST-ZIP	TAMPA FL 33611	4.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D	5.1 TITLE	D
NAME	GARCIA, RAMON	5.2 NAME	CORDERO, IVELISSE
STREET ADDRESS	C/O 3002 WEST PRICE AVENUE	5.3 STREET ADDRESS	3411 DANNY BRYAN BLVD.
CITY-ST-ZIP	TAMPA FL 33611	5.4 CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D	6.1 TITLE	D
NAME	UREÑA, LUIS	6.2 NAME	CORDERO, LUIS
STREET ADDRESS	C/O 3002 WEST PRICE AVENUE	6.3 STREET ADDRESS	3411 DANNY BRYAN BLVD.
CITY-ST-ZIP	TAMPA FL 33611	6.4 CITY-ST-ZIP	TAMPA, FL 33613

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ (DAMARIS SOTO) 04-15-97 (813)831-1702

CR2E037 (9/96)

13.- ADDITION TO DIRECTOR IN NO.12

D
DIAZ, ANTONIO
6013 KNOX ST.
TAMPA, FL 33634