

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90145 023 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001978**

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
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381604 - 90145 - 23 4 \*



21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/12/1996
22 Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-3372040
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Country
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	SOTO, DAMARIS	1.2 NAME	WESTBROOK - TAVERAS, AMINTA
STREET ADDRESS	C/O 3002 WEST PRICE AVENUE	1.3 STREET ADDRESS	4725 STONEPOINTE PL.
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	TAMPA, FL. 33634
TITLE	S	2.1 TITLE	S
NAME	URENA, CLARA	2.2 NAME	SERCILIA WESTHOFF
STREET ADDRESS	2213 CITRUS VALLEY CIR	2.3 STREET ADDRESS	28616 TALLGRASS DR.
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	TAMPA, FL. 33543
TITLE	T	3.1 TITLE	D
NAME	HERRERA, TRUDY	3.2 NAME	SOTO, DAMARIS
STREET ADDRESS	2815 W HORATIO ST, #8	3.3 STREET ADDRESS	C/O 3002 W. PRICE AVENUE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL. 33611
TITLE	D	4.1 TITLE	D
NAME	BENEDICTO, GUSTAVO	4.2 NAME	PABLO MARTINEZ
STREET ADDRESS	7607 CORTEZ CT	4.3 STREET ADDRESS	5619 LARIMER DR.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL. 33634
TITLE	D	5.1 TITLE	D
NAME	CORDERO, IVELISSE	5.2 NAME	CAMINERO, ISMAEL
STREET ADDRESS	3411 DANNY BRYAN BLVD	5.3 STREET ADDRESS	8314 DRY CREEK DR
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL. 33615
TITLE	D	6.1 TITLE	D
NAME	URENA, 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. 33619

14. I 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 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: AMINTA WESTBROOK - TAVERAS DATE: 4/13/99 (813) 882-3098

CR2E037 (1/1/98)