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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003340 (4)
 1. Corporation Name
PORTUGUESE-AMERICAN CULTURAL ASSOCIATION, INC.

Principal Place of Business 157 CALLAWAY AVE SPRING HILL FL 34606	Mailing Address 157 CALLAWAY AVE SPRING HILL FL 34606
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3. Date Incorporated or Qualified
06/20/1996

4. FEI Number
59-3388487

Applied For	
Not Applicable	

2. Principal Place of Business
 21 26

Suite, Apt. #, etc.
 22 27

City & State
 23 28

Zip Country
 24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

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
**CASCAIS, MARIA
 157 CALLAWAY AVE
 SPRING HILL FL 34606**

10. Name and Address of New Registered Agent
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D TONY AGUIAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMES, FERNANDO S	1.2 NAME	7828 RADCLIFFE CIRCLE
STREET ADDRESS	6434 CABBAGE LANE	1.3 STREET ADDRESS	PORT RICHEY, FL 34668
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D LUCY BOTELHO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAVES, DEBBIE	2.2 NAME	6719 LARCHMONT AVE
STREET ADDRESS	6134 6TH AVE	2.3 STREET ADDRESS	NEW PORT RICHEY, FL 34653
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D ABEL FERREIRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, DOROTHY	3.2 NAME	6329 RIDGE TOP DR.
STREET ADDRESS	7313B LAKE MAGNOLIA DR	3.3 STREET ADDRESS	NEW PORT RICHEY, FL 34665
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D ANTONIO A. DA COSTA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAS, ALVARO	4.2 NAME	3039 STANTON ST.
STREET ADDRESS	9120 GREENBRIAR LANE	4.3 STREET ADDRESS	SPRING HILL, FL 34606
CITY-ST-ZIP	PORT RICHEY FL 34668	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D ADELINO DA SILVA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERREIRA, ANGELO	5.2 NAME	8711 JOLLY ROGER DR.
STREET ADDRESS	3452 TOMAHAWK AVE	5.3 STREET ADDRESS	HUDSON, FL 34667
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D TONY SILVA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAGOSO, AL	6.2 NAME	8414 PEDRIA ST.
STREET ADDRESS	13103 CYPRES HILL DR. D1	6.3 STREET ADDRESS	SPRING HILL, FL 34608
CITY-ST-ZIP	HUDSON FL	6.4 CITY-ST-ZIP	

14. I 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.

CR2E037 (10/97)