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**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90237 032 \*\*\*\*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 # N96000003340**

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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2. Principal Place of Business 21 <b>6942 OLDGATE CIRCLE</b>	2a. Mailing Address 26 <b>P.O. Box 697</b>	3. Date Incorporated or Qualified <b>06/20/1996</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-3388487</b>
City & State 23 <b>NEW PORT RICHEY FL</b>	City & State 28 <b>PORT RICHEY FLORIDA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>34655</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>34673</b>	Country 30 <b>U.S.A.</b>	

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 **BARBARA MENDES.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6942 OLDGATE CIRCLE**

83

84 City **NEW PORT RICHEY** FL 85 Zip Code **34655**

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 *Barbara Mendes* **Treasurer** DATE **4/29/99**

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

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOMES, FERNANDO S</b>	
STREET ADDRESS	<b>6434 CABBAGE LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAVES, DEBBIE</b>	
STREET ADDRESS	<b>6134 6TH AVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AGUIAR, TONY</b>	
STREET ADDRESS	<b>7828 RADCLIFFE CIRCLE</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOTELHO, LUCY</b>	
STREET ADDRESS	<b>6719 LARCHMONT AVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERREIRA, ABEL</b>	
STREET ADDRESS	<b>6329 RIDGE TOP DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FRAGOSO, AL</b>	
STREET ADDRESS	<b>13103 CYPRES HILL DR. D1</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>OCILIO REIS</b>	
1.3 STREET ADDRESS	<b>4416 LAS PALMAS AVE</b>	
1.4 CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>	
2.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LINDA DALUZ</b>	
2.3 STREET ADDRESS	<b>13066 LITTLE FARMS DRIVE</b>	
2.4 CITY-ST-ZIP	<b>SPRING HILL FL 34609</b>	
3.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BARBARA MENDES</b>	
3.3 STREET ADDRESS	<b>6942 OLDGATE CIRCLE</b>	
3.4 CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
4.1 TITLE	<b>2ND SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GLORY FERREIRA</b>	
4.3 STREET ADDRESS	<b>6329 RIDGE TOP DR</b>	
4.4 CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
5.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ANGELO FERREIRA</b>	
5.3 STREET ADDRESS	<b>3452 TOMA HAWK AVE</b>	
5.4 CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>	
6.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>MICHAEL V. DELUCA</b>	
6.3 STREET ADDRESS	<b>13217 MOLITOR COURT</b>	
6.4 CITY-ST-ZIP	<b>HUDSON, FL 34669</b>	

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: *Barbara Mendes* **BARBARA MENDES** DATE: **4/29/99** DAYTIME PHONE #: **(813) 886-0705 XT 5233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)