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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **727508** **(4)**

1. Corporation Name
ORGANIZACION DEMOCRATA PUERTORRIQUENA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 650401 MIAMI FL 33265 US	~~685 E. 8TH LANE~~ ~~HIALEAH FL 33010~~

3. Date Incorporated or Qualified: 09/20/1973

4. FEI Number: 23-7431746 ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21 Garcia, FRANCISCO	26 POBox 650401
22 Suite, Apt. #, etc. Miami, Florida	27 Suite, Apt. #, etc. Miami FL
23 City & State 4708 E 9TH LANE	28 City & State
24 Zip 33013 25 Country Dade	29 Zip 33265 30 Country Dade

9. Name and Address of Current Registered Agent

~~BERMEJO, AL~~
~~605 E 8TH AVE~~
~~HIALEAH FL 33010~~

FRANCISCO Garcia
4708 E 9TH LANE
Hialeah, FL 33013

10. Name and Address of New Registered Agent

81 Name: Garcia, FRANCISCO
82 Street Address (P.O. Box Number is Not Acceptable): 4708 E 9th Lane
83 Hialeah, Florida
84 City FL 85 Zip Code 33013

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 _____ April 1, 1998
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	PEREZ, PEDRO		1.2 NAME	Amparo Del Toro	
STREET ADDRESS	851 SW 5TH PLACE		1.3 STREET ADDRESS	6225 SW 136 Court C 106	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	Miami FL 33183	
TITLE	P	☐ DELETE	2.1 TITLE	First Vice Pres.	☑ Change ☐ Addition
NAME	BERMEJO, AL		2.2 NAME	Bermejo, AL	
STREET ADDRESS	605 E. 8TH AVE.		2.3 STREET ADDRESS	605 E 8th Ave	
CITY-ST-ZIP	HIALEAH FL 33010		2.4 CITY-ST-ZIP	Hialeah FL 33010	
TITLE	SVP	☐ DELETE	3.1 TITLE	Recording Secretary	☐ Change ☑ Addition
NAME	POSADA, EDWARD		3.2 NAME	Boudy, JUAN SANchez	
STREET ADDRESS	1610 SE 102ND AVE		3.3 STREET ADDRESS	7175 SW 47 STREET	
CITY-ST-ZIP	MIAMI FL 33165		3.4 CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	D	☐ DELETE	4.1 TITLE	Public Relations D	☐ Change ☑ Addition
NAME	MILAGROS VALLEJO		4.2 NAME	Alicia Baro	
STREET ADDRESS	10367 N KENDALL DR UNIT E2		4.3 STREET ADDRESS	15760 SW 148 Terr	
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP	Miami FL 33196	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MALDONADO, JACOB		5.2 NAME		
STREET ADDRESS	10705 SW 74 CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE	President	☑ Change ☐ Addition
NAME	GARCIA, FRANCISCO		6.2 NAME	GARCIA, FRANCISCO	
STREET ADDRESS	4708 E 9TH LANE		6.3 STREET ADDRESS	4708 E 9TH LANE	
CITY-ST-ZIP	HIALEAH FL		6.4 CITY-ST-ZIP	Hialeah Florida 33013	

CR2E037 (10/97)

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.

SIGNATURE: _____ April 1, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR Date Daytime Phone #