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Apr 10 1998 8:00am
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
P.O. BOX 650401
MIAMI FL 33265
US

Mailing Address
~~605 E. 8TH LANE~~
~~HIALEAH FL 33010~~

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

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

2. Principal Place of Business
21 Garcia, Francisco
22 Miami, Florida
23 4708 E 9th Lane
24 33013 — 25 Country: Dade

2a. Mailing Address
26 PO Box 650401
27 Miami Fl
28
29 33265 — 30 Country: Dade

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PEREZ, PEDRO	
STREET ADDRESS	851 SW 5TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	P	☐ DELETE
NAME	BERMEJO, AL	
STREET ADDRESS	605 E. 8TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	SVP	☐ DELETE
NAME	POSADA, EDWARD	
STREET ADDRESS	1610 SE 102ND AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	☐ DELETE
NAME	MILAGROS VALLEJO	
STREET ADDRESS	10367 N KENDALL DR UNIT E2	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	☐ DELETE
NAME	MALDONADO, JACOB	
STREET ADDRESS	10705 SW 74 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	GARCIA, FRANCISCO	
STREET ADDRESS	4708 E 9TH LANE	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	☐ Change ☑ Addition
1.2 NAME	Amparo Del Toro	
1.3 STREET ADDRESS	6225 SW 136 Court C 106	
1.4 CITY-ST-ZIP	Miami Fl 33183	
2.1 TITLE	First Vice Pres.	☑ Change ☐ Addition
2.2 NAME	Bermejo, AL	
2.3 STREET ADDRESS	605 E 8th Ave	
2.4 CITY-ST-ZIP	Hialeah Fl 33010	
3.1 TITLE	Recording Secretary	☐ Change ☑ Addition
3.2 NAME	Boudy, Juan Sanchez	
3.3 STREET ADDRESS	7175 SW 47 Street	
3.4 CITY-ST-ZIP	Miami, Fl 33139	
4.1 TITLE	Public Relations D	☐ Change ☑ Addition
4.2 NAME	Alicia Baro	
4.3 STREET ADDRESS	15760 SW 148 Terr	
4.4 CITY-ST-ZIP	Miami Fl 33196	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	President	☑ Change ☐ Addition
6.2 NAME	Garcia, Francisco	
6.3 STREET ADDRESS	4708 E 9th Lane	
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 BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #