

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90173 030 ****70.00

DOCUMENT # 727508

1. Corporation Name

ORGANIZACION DEMOCRATA PUERTORRIQUENA, INC.

Principal Place of Business

GARCIA, FRANCISCO
4708 E 9TH LANE
MIAMI FL 33013
US

Mailing Address

PO BOX 650401
MIAMI FL 33265
US



2. Principal Place of Business

21 4708 E 9th Lane

2a. Mailing Address

26 PO Box 650401

3. Date Incorporated or Qualified

09/20/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
23-7431746

Applied For
Not Applicable

City & State

23 Miami, Florida

City & State

28 Florida

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip Country

24 33013 25 Dade

Zip Country

29 33265 30 Dade

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GARCIA, FRANCISCO
4708 E 9TH LANE
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name FRANCISCO Garcia

82 Street Address (P.O. Box Number is Not Acceptable)
4708 E 9th Lane

83

84 City Miami

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 23, 1999

12. OFFICERS AND DIRECTORS

TITLE D SARGENT AT ARMS
NAME PEREZ, PEDRO
STREET ADDRESS 851 SW 5TH PLACE
CITY-ST-ZIP HIALEAH FL

☐ DELETE

TITLE FVP
NAME BERMEJO, AL
STREET ADDRESS 805 E. 8TH AVE.
CITY-ST-ZIP HIALEAH FL 33010

☒ DELETE

TITLE SVP
NAME POSADA, EDWARD
STREET ADDRESS 1610 SE 102ND AVE
CITY-ST-ZIP MIAMI FL 33165

☐ DELETE

TITLE D
NAME MILAGROS VALLEJO
STREET ADDRESS 10367 N KENDALL DR UNIT E2
CITY-ST-ZIP HIALEAH FL

☐ DELETE

TITLE D
NAME MALDONADO, JACOB
STREET ADDRESS 10705 SW 74 CT
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE P
NAME GARCIA, FRANCISCO
STREET ADDRESS 4708 E 9TH LANE
CITY-ST-ZIP HIALEAH FL 33013

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T.
1.2 NAME AMPARO DEL TORO
1.3 STREET ADDRESS 6225 SW 136 CT C106
1.4 CITY-ST-ZIP Miami FL 33183

☐ Change ☒ Addition

2.1 TITLE D.
2.2 NAME Alicia Baro
2.3 STREET ADDRESS 15760 SW 148 Terr
2.4 CITY-ST-ZIP Miami FL 33146

☐ Change ☒ Addition

3.1 TITLE S.
3.2 NAME SUAN SANCHEZ Boudi
3.3 STREET ADDRESS 7175 SW 47 ST.
3.4 CITY-ST-ZIP Miami FL 33139

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 23, 99

Daytime Phone #

305/688-5021

0035586

CR2E037 (1/98)