Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90059 004 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J42962**

1. Corpora ion Name

PUERTO RICO DEVELOPMENT CORPORATION

Principal Place of Business			Mailing Address			$\neg \neg$	1 1081119 \$111 01610 14010 10116 01110 1101 011	iri memil mimir memil	01911 <b>9</b> 1811 1881	
950 SE 12TH ST.			950 SE 12TH ST.							
HIALEAH FL 33010		HIALEAH FL 33010				DO NOT WRITE IN THIS SPACE				
							ŀ	3. Date Incorporated or Qualifed	1 S SPACE	
								11/19/1986		
2 Principa P	ace of Business	2a	Mailing Address				- +	4. FEI Number	A	pp ied For
21	acco of Basin, coo	26	<b>3</b>				ŀ	59-2739284	t	ot Applicable
Suite, Apt.	#, etc.	1201	Suite, Apt. #, etc.						\$8.75	Additional
22		27						5. Certificate of Status Desired	Fee R	equired
City & S at	9		City & State					6. Election Campaign Financing	\$5.00	May Be
23		28						Trust Fund Contribution	Added	to Fees
Zip	Country	L	Zip	Cou	ntry			8. This corporation owes the current year		rm
24	25	29	<u></u>	30				Personal Property Tax.	☐ Yes	[]No
	9. Name and Address of Current	Regis	tered Agent		1			10. Name and Address of New Register	e 1 Agent	
PO LI	Z PHONDA S				81	Name				
POLK, RHONDA S 950 SE 12TH ST.						Street	Address	s (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33010										
HIAL	EAR PL 33010				83					
					84	City		<u> </u>	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules,									<b>-</b>	e evaletored
11, Pursuant office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 60 Florid	07.1508, Florida Statu la. Such change was a	es, the a ₁uthorized	bove I by t	r-named the corpo	co pora oration's	s board of directors. I hereby accept the ap	pointment as re	egistered
agent. I a	m familiar with, and accept the obligat	ions of,	Section 607.0505, Flo	rida Stati	utes.					
SIGNATURE		1 200	( ) OT	Desistent		l oignaturo s	room rod wh	hen reinstating) DATE		
12.	Signature, typed or printed nar ie of registered agen OFFICERS ANI			13.	Agen	agracia /	required wi	ADDITICNS/CHANGES TO OFFICERS		ORS IN 12
TITLE	DCP		D DELETE	1.1 TI	TLE		DP	ADDITION NOT THE STATE OF THE S	*X*Change	Addition
NAME	BATCHELOR, GEORGE E.			1.2 N	AME.			RI, SR. ANTHONY C.		
STREET ADORESS	950 SE 12TH ST.					ADDRESS	i	SE 12'TH STREET		
CITY-ST-ZIP	HIALEAH FL		_	1	TY-ST			LEAH FL		
TITLE	DV		DELETE			VP		DEMI F.O	<b>x x</b> €hange	Addition
NAME	FERRARESI, DANIEL J.			2.2 N/			TTR	RI, JR. ANTHONY C.		
STREET ADDRESS	950 SE 12TH ST.					ADDRESS	1	SE 12TH STREET		
\	HIALEAH FL				TY-S		1	LEAH FL		
CITY-ST-ZIP TITLE	AS			3,1 TI		1-21	TILL	MINIT X U	Change	☐ Addition
NAME	POLK, RHONDA S		<b>_</b>	3.2 N/						
STREET ADDRESS	950 SE 12TH ST.			- 1		ADDRESS				
1	HIALEAH FL		_							
CITY-ST-ZIP	T		DELETE		3.4. CITY-ST-ZIP 4.1 TITLE		DT		<b>i</b> €hange	☐ Addition
1	HIGGINS, JOHN J.		@ berr,r	1	4.2 NAME			DE TOTAL C		_
NAME						*DODECC	Į.	RT, JOHN C.		
STREET ADDRESS	950 SE 12TH ST.		_				l .	SE 12TH STREET		
CITY-ST-ZIP	HIALEAH FL		□ OELETE		4.4 CITY-ST-ZIP 5.1 TITLE		1	LEAH PL	Change	Addition
TITLE	DS MADIANNE T		☐ OECE IE	5.1 II 5.2 N/			DS		A Shange	
NAME	BATCHELOR, MARIANNE T.					ADDRESS	1	RI, JEAN M		
STREET ADDRESS	950 SE 12TH ST.						950	SE 12TH STREET		
CITY-ST-ZIP	HIALEAH FL			6.1 TI	TY-SI	-LIP	BIA	LRAH F.L.	Change	Addition
TITLE !	AS		<b>☑</b> DELETE						□ Change	L. Addition
NAME	Dawson, Humphrey			6.2 N	-ME		1			

14. I hereby certify that the information supplied with this filling 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 607, 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

950 S.E. 12TH STREET

HIALEAH FL

RLONGLA J. POLK GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR

(305) 889-6222

CR2E034 (11/98)