

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N30819** ✓

1. Corporation Name

PUERTO RICO NATIONAL BAR ASSOCIATION, INC.

Principal Place of Business

911 NORTH MAIN STREET
SUITE 5
KISSIMMEE FL 34744
US

Mailing Address

911 NORTH MAIN STREET
SUITE 5
KISSIMMEE FL 34744
US

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90008 036 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/22/1989

4. FEI Number

65-0121033

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

9. Name and Address of Current Registered Agent

TORRES, ALFREDO
911 N. MAIN STREET
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD TORRES, ALFREDO**
STREET ADDRESS **911 NORTH MAIN STREET**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ DELETE
NAME **VD MARZULU, RONALD**
STREET ADDRESS **911 NORTH MAIN STREET, SUITE 5**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ DELETE
NAME **TD DAVILA, LOUIS**
STREET ADDRESS **911 N. MAIN ST. STE 5**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE
NAME **SD QUINONEZ, JUAN PABLO**
STREET ADDRESS **419 BROADWAY ST.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE
NAME **D NOVOA, DAVID**
STREET ADDRESS **561 NORTHEAST 79TH STREET, SUITE 210**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D NOYLA, JULIO**
STREET ADDRESS **8150 SOUTHWEST 8TH STREET, SUITE 219**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

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

Daytime Phone #

7-12-99 4079330307

0010833

CR2E037 (5/99)