

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT #

N33368

(4)

1 Corporation Name

PUERTO RICAN AMERICAN CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6346
SPRING HILL, FL 34606

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SPRING HILL, FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/24/1989** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2967371** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

21. Principal Place of Business 2a. Mailing Address

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State 28. City & State

24. 7a. Country 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVERA, ARIEL
4099 SUGARFOOT DR.
SPRING HILL, FL 34606

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

I, Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **ARIEL RIVERA - PRESIDENT** **4/10/95**
NOTE: Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RIVERA, ARIEL
STREET ADDRESS 4099 SUGARFOOT DR.
CITY-ST-ZIP SPRING HILL, FL 34606

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
100001809321
-06/02/95--01025--002
*****138.75 ***138.75**

TITLE VD
NAME VELEZ, ALEXANDER
STREET ADDRESS 240 E. EARLY ST.
CITY-ST-ZIP BROOKSVILLE, FL 34601

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD
NAME VELEZ, EVELYNDA
STREET ADDRESS 240 EARLY ST.
CITY-ST-ZIP BROOKSVILLE, FL 34601

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD+
NAME WILFREDO MORALES
STREET ADDRESS 13515 BONITA AVE.
CITY-ST-ZIP SPRING HILL, FL 34609

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE SD
NAME YOLAIDA RUBIO
STREET ADDRESS 1336 PIPER RD.
CITY-ST-ZIP SPRING HILL, FL 34606

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE TD
NAME DENNISE CORREA
STREET ADDRESS 1450 GREENVIEW AVE.
CITY-ST-ZIP SPRING HILL, FL 34606

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *[Signature]* **ARIEL RIVERA** **4/10/95** (904) **683-2264**
NOTE: Signature and typed or printed name of signing officer or director. DATE (Type in 10 or 8)

As per conversation with Ariel Rivera on 3-31-95