

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33368 (4)**

1. Corporation Name  
**PUERTO RICAN AMERICAN CLUB, INC.**

Principal Place of Business <b>P.O. BOX 6346 SPRING HILL FL 34806</b>	Mailing Address <b>P.O. BOX 6346 SPRING HILL FL 34611-0910</b>
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100002223421  
-06/26/97--01006--007

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>	3. Date Incorporated or Qualified <b>07/24/1989</b>	3a. Date of Last Report <b>06/19/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2967371</b>	Applied For Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DIAZ, JOSE A</b> <b>4843 KENNEDY DR</b> <b>NEW PORT RICHEY FL 34652</b>				81 Name	<b>DIAZ, JOSE A</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>4643 KENNEDY DR.</b>		
				83 City	<b>NEW PORT RICHEY FL 34652</b>		
				84 State	<b>FL</b>	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 *Jose A. Diaz* **Jose A. Diaz** President DATE **6/19/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, JOSE A</b>	1.2 NAME	<b>DIAZ, JOSE A</b>
STREET ADDRESS	<b>4843 KENNEDY DR</b>	1.3 STREET ADDRESS	<b>4643 KENNEDY DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	1.4 CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIVERA, ARIEL</b>	2.2 NAME	<b>DIAZ, ISABEL</b>
STREET ADDRESS	<b>4099 SUGARFOOT DR</b>	2.3 STREET ADDRESS	<b>7518 PINEHURST DR.</b>
CITY-ST-ZIP	<b>SPRING HILL FL 34806</b>	2.4 CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, MANUEL</b>	3.2 NAME	<b>RODRIGUEZ, MANUEL</b>
STREET ADDRESS	<b>7512 PINEHURST DR</b>	3.3 STREET ADDRESS	<b>7518 PINEHURST DR</b>
CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>	3.4 CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, ANA J</b>	4.2 NAME	<b>FRERE, MARIA</b>
STREET ADDRESS	<b>4843 KENNEDY DR</b>	4.3 STREET ADDRESS	<b>3467 SUGARFOOT DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	4.4 CITY-ST-ZIP	<b>SPRING HILL, FL 34606</b>
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VELEZ, ALEZANDER</b>	5.2 NAME	<b>DELGADO, JUAN</b>
STREET ADDRESS	<b>240 E. EARLY ST</b>	5.3 STREET ADDRESS	<b>7258 APACHE TR</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34801</b>	5.4 CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSARIO, GRACE</b>	6.2 NAME	<b>TORREZ, MARIA</b>
STREET ADDRESS	<b>7531 CHRISTINA LANE</b>	6.3 STREET ADDRESS	<b>6357 HILLVIEW RD</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	6.4 CITY-ST-ZIP	<b>SPRING HILL FL 34653</b>

14. I do 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.

CR2E037 (9/96)