

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 17 1998 8:00am
 Secretary of State

0010804

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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 34806 P.O. BOX 6346 SPRING HILL FL 34806

3. Date Incorporated or Qualified
 07/24/1989
 4. FEI Number
 59-2967371 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 DIAZ, JOSE A
 4843 KENNEDY DR
 NEW PORT RICHEY FL 34852

10. Name and Address of New Registered Agent
 61 Name
 62 Street Address (P.O. Box Number is Not Acceptable)
 200002617982
 63 -08/17/98--01123--039
 64 City ***61.25
 FL 65 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 PD	<input checked="" type="checkbox"/> DELETE
NAME DIAZ, JOSE A	
STREET ADDRESS 4843 KENNEDY DR	
CITY-ST-ZIP NEW PORT RICHEY FL 34852	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME DIAZ, ISABEL	
STREET ADDRESS 7518 PINEHURST DR.	
CITY-ST-ZIP SPRING HILL FL 34806	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME RODRIGUEZ, MANUEL	
STREET ADDRESS 7518 PINEHURST DR	
CITY-ST-ZIP SPRING HILL FL 34806	
TITLE SD	<input type="checkbox"/> DELETE
NAME FREIRE, MARIA	
STREET ADDRESS 3467 SUGARFOOT DR	
CITY-ST-ZIP SPRING HILL FL 34806	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME DELGADO, JUAN	
STREET ADDRESS 7258 APACHEY TR	
CITY-ST-ZIP SPRING HILL FL 34806	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME TORREZ, MARIA	
STREET ADDRESS 6357 HILLWIEW RD	
CITY-ST-ZIP SPRING HILL FL 34853	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME DIAZ, ISABEL	
1.3 STREET ADDRESS 7518 PINEHURST DR.	
1.4 CITY-ST-ZIP SPRING HILL FL 34606	
2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME TORREZ, MARIA	
2.3 STREET ADDRESS 6357 HILLVIEW DR	
2.4 CITY-ST-ZIP SPRING HILL FL 34653	
3.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DIAZ, JOSE	
3.3 STREET ADDRESS 4643 KENNEDY DR.	
3.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652	
4.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME FREIRE, MARIA	
4.3 STREET ADDRESS 3467 SUGARFOOT DR.	
4.4 CITY-ST-ZIP SPRING HILL FL 34606	
5.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME RODRIGUEZ, MANUEL	
5.3 STREET ADDRESS 7518 PINEHURST DR.	
5.4 CITY-ST-ZIP SPRING HILL FL 34606	
6.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME DIAZ, ANA	
6.3 STREET ADDRESS 4643 KENNEDY DR.	
6.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652	

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. Jose A. Diaz

SIGNATURE: Jose A. Diaz Treasurer Date: 8/17/98 Daytime Phone #: (727) 841-8614

CR2E037 (5/98)