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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33368

1. Corporation Name
PUERTO RICAN AMERICAN CLUB, INC.

Principal Place of Business P.O. BOX 6346 SPRING HILL FL 34606	Mailing Address P.O. BOX 6346 SPRING HILL FL 34606
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/24/1989	4. FEI Number 59-2967371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent DIAZ, JOSE A 4643 KENNEDY DR NEW PORT RICHEY FL 34652	10. Name and Address of New Registered Agent 81 Name Maria Torres 82 Street Address (P.O. Box Number is Not Acceptable) 6357 Hillview R. 83 Spring Hill, FL. 84 City FL 85 Zip Code 34606
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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 Maria Torres - President DATE 6/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: DIAZ, JOSE	1.1 TITLE: Pres	NAME: Maria Torres
STREET ADDRESS: 4643 KENNEDY DR	CITY-ST-ZIP: NEW PORT RICHEY FL 34652	1.2 NAME:	1.3 STREET ADDRESS: 6357 Hillview Rd.
TITLE: PD	NAME: DIAZ, ISABEL	2.1 TITLE: VP	NAME: Israel Acevedo
STREET ADDRESS: 7518 PINEHURST DR.	CITY-ST-ZIP: SPRING HILL FL 34606	2.2 NAME:	2.3 STREET ADDRESS: 4591 Kirkland Ave.
TITLE: TD	NAME: RODRIGUEZ, MANUEL	3.1 TITLE: Treas	NAME: Manuel Rodriguez
STREET ADDRESS: 7518 PINEHURST DR	CITY-ST-ZIP: SPRING HILL FL 34606	3.2 NAME:	3.3 STREET ADDRESS: 7512 Pinehurst Dr.
TITLE: SD	NAME: FREIRE, MARIA	4.1 TITLE: Sec	NAME: Josefa Polomta
STREET ADDRESS: 3467 SUGARFOOT DR	CITY-ST-ZIP: SPRING HILL FL 34606	4.2 NAME:	4.3 STREET ADDRESS: 7949 Putnam St.
TITLE: SD	NAME: DIAZ, ANA	5.1 TITLE: Pub Treas	NAME: Maria Freire
STREET ADDRESS: 4643 KENNEDY DR	CITY-ST-ZIP: NEW PORT RICHEY FL 34652	5.2 NAME:	5.3 STREET ADDRESS: 3467 Sugarfoot Dr.
TITLE: VD	NAME: TORREZ, MARIA	6.1 TITLE: Pub Treas	NAME: Ariel Rivera
STREET ADDRESS: 6357 HILLVIEW RD	CITY-ST-ZIP: SPRING HILL FL 34653	6.2 NAME:	6.3 STREET ADDRESS: 4099 Sugarfoot Dr.
		6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP: Spring Hill, FL 34606

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: Maria Torres DATE: 6/9/99 (352) 688-6130
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (11/98)