FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:20

DOCUMENT # N34218 (0)

1. Corporation Name

ASOCIACION DE DAMAS PUERTORRIQUENAS INC.

Principal Place of Business	Mailing Address
C/O NANCY OSBORNE P.O. BOX 77-0504 CORAL SPRINGS FL 33077	C/O NANCY OSBORNE P.O. BOX 77-0504 CORAL SPRINGS FL 33077

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1989
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0148000 ☐ 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
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 § 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

TOROKER, RUTH
5921 NW 99 AVE
PARKLAND FL 33076

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	D	11 TITLE	☒ Change ☐ Addition	
NAME	ORTIZ, IVETTE	12 NAME		
STREET ADDRESS	4457 NW 113 WAY	13 STREET ADDRESS	Delete	
CITY-ST-ZIP	CORAL SPGS FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	☐ Change ☐ Addition	
NAME	ORTIZ, HENRIETTA	22 NAME		
STREET ADDRESS	6150 NW 61 STR AVE	23 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE D	☒ Change ☐ Addition	
NAME	AMY, LYDIA	32 NAME	Amy, Lydia	
STREET ADDRESS	11277 W ATLANTIC BLVD	33 STREET ADDRESS	5733 NW 101 Way	
CITY-ST-ZIP	CORAL SPGS FL	34 CITY-ST-ZIP	Coral Springs, FL	
TITLE	D	41 TITLE	☐ Change ☐ Addition	
NAME	TOROKER, RUTH	42 NAME		
STREET ADDRESS	5921 NW 99 AVE	43 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL	44 CITY-ST-ZIP		
TITLE		51 TITLE D	☐ Change ☒ Addition	
NAME		52 NAME	Tejeda, Paula	
STREET ADDRESS		53 STREET ADDRESS	2235 garfield st.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Hollywood, FL	
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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: Lydia Amy Lydia Amy April 25, 1995 (305) 341-6295
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074046