

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/15/1989

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOROKER, RUTH
5921 NW 99 AVE
PARKLAND FL 33076

81 Name LYDIA VARGAS

82 Street Address (P.O. Box Number is Not Acceptable)
8112 NW 73RD TERRACE

83

84 City TAMARAC,

FL

85 Zip Code
33321

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

Lydia Vargas
Signature, typed or printed name of registered agent, and title if applicable.

President
(NOTE: Registered Agent signature required when reinstalling)

4/29/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME ORTIZ, HENRIETTA
STREET ADDRESS 6150 NW 61 STR AVE
CITY-ST-ZIP PARKLAND FL

TITLE D ☒ DELETE
NAME AMY, LYDIA
STREET ADDRESS 5733 NW 101ST WAY
CITY-ST-ZIP CORAL SPGS FL

TITLE D ☐ DELETE
NAME TOROKER, RUTH
STREET ADDRESS 5921 NW 99 AVE
CITY-ST-ZIP PARKLAND FL

TITLE D ☒ DELETE
NAME TEJEDA, PAULA
STREET ADDRESS 2235 GARFIELD STREET
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME LYDIA VARGAS
1.3 STREET ADDRESS 8112 NW 73RD TERRACE
1.4 CITY-ST-ZIP TAMARAC FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME IVETTE RIVERA
2.3 STREET ADDRESS 3828 WILDERNESS WAY
2.4 CITY-ST-ZIP CORAL SPRING, FL

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME TOROKER RUTH
3.3 STREET ADDRESS 5921 NW 99 AVE
3.4 CITY-ST-ZIP PARKLAND FL

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME ILEANA FLECHA
4.3 STREET ADDRESS 22185 MARTELLA AVE
4.4 CITY-ST-ZIP BOCA RATON FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 J. Vargas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (954) 720-0860
Date Daytime Phone #

CR2E037 (12/95)