


FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90017 045 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34218					
1. Corporation Name ASOCIACION DE DAMAS PUERTORRIQUENAS INC.					
Principal Place of Business PO BOX 770504 CORAL SPRINGS FL 33077			Mailing Address PO BOX 770504 CORAL SPRINGS FL 33077		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/15/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0148000	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZEGEER, ANNIE 7207 NW 43RD ST CORAL SPRINGS FL 33065				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Pres	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREENWOOD, LOURDES R			1.2 NAME	IDA - ARREDONDO		
STREET ADDRESS	3800 NW 116 TERRACE			1.3 STREET ADDRESS	13605 OCEAN BL		
CITY-ST-ZIP	SUNRISE FL 33323			1.4 CITY-ST-ZIP	POMPANO BEACH FL 33062		
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, GIANNA			2.2 NAME	Flora Nieves		
STREET ADDRESS	11682 NW 13TH MANOR			2.3 STREET ADDRESS	10650 NW 16 CT		
CITY-ST-ZIP	CORAL SPGS FL 33071			2.4 CITY-ST-ZIP	coral springs, FL 33071		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZEEGER, ANNIE			3.2 NAME	Olga - R. Sanchez		
STREET ADDRESS	7207 NW 43RD ST			3.3 STREET ADDRESS	4340 N.W. - 110 COURT		
CITY-ST-ZIP	CORAL SPRINGS FL 33065			3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CASABLANCA, BRUNILDA			4.2 NAME	Georgina Torres		
STREET ADDRESS	2547 N CARAMBOLA CIR			4.3 STREET ADDRESS	1248A SW. 1 ST.		
CITY-ST-ZIP	COCONUT CREEK FL 33066			4.4 CITY-ST-ZIP	coral springs FL 33071		
TITLE	DSC	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRIETO, MIGGIE			5.2 NAME			
STREET ADDRESS	21546 LITTLE BEAR LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: IDA ARREDONDO **SIGNATURE REQUIRED**

4/28/99 (954) 781-4009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0027363

CR2E037 (11/98)