

2000 UNIFORM BUSINESS REPORT (UBR)


FILED
May 10, 2000 8:00 am
Secretary of State
 05-10-2000 90113 049 ****70.00

DOCUMENT # N34218

1. Entity 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 33077-0504
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0148000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ZEGEER, ANNIE
 7207 NW 43RD ST
 CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name **Marta I. Gutierrez**
 Street Address (P.O. Box Number is Not Acceptable) **3621 N.W. 108 Dr.**
 City **Coral Springs, FL** Zip Code **33065**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Marta I Gutierrez
 SIGNATURE *Marta I Gutierrez* DATE *April 19, 2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE P NAME ARRCDONDO, IDA STREET ADDRESS 1360 S. OCEAN BLVD CITY-ST-ZIP POMPANO BCH FL 33062	<input type="checkbox"/> Delete
TITLE DVP NAME NIEVES, FLORA STREET ADDRESS 10650 NW 16 CT CITY-ST-ZIP CORAL SPGS FL 33071	<input type="checkbox"/> Delete
TITLE DT NAME SANCHEZ, OLGA R STREET ADDRESS 4340 NW 110 COURT CITY-ST-ZIP CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE DS NAME TORRES, GEORGINA STREET ADDRESS 12484 SW 1 ST CITY-ST-ZIP CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P NAME MARTA I GUTIERREZ STREET ADDRESS 3621 N.W. 108 DR. CITY-ST-ZIP CORAL SPRINGS, FLA. 33065	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME AIDA HERNNDEZ STREET ADDRESS 4768 N.W. 1055 Terrace CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME Olga Sanches STREET ADDRESS 4340 N.W. 110 COURT CITY-ST-ZIP Coral Springs, FL. 33065	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME Dulcilia Guzman STREET ADDRESS 12111 N.W. 10th. St. CITY-ST-ZIP Coral Springs, Fl. 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/99)