

FILE NOW: FILING FEE IS \$61.25

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

06-01-1999 90038 023 ****61.25

0085961

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

DOCUMENT # N35935

1. Corporation Name
PUERTO RICANS IN FLORIDA, INC.

Principal Place of Business 13917 BRIARALE LN TAMPA FL 33661 US	Mailing Address 13917 BRIARDALE LANE TAMPA FL 33618 US
--	---



2. Principal Place of Business 21 646 E. COLONIAL DR. ORLANDO, FL 32803	2a. Mailing Address 26 646 E. COLONIAL DR.	3. Date Incorporated or Qualified 12/27/1989
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2960881
23 City & State	28 ORLANDO, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 32803	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HERNANDEZ, IRVING 13917 BRIARDALE LANE TAMPA FL 33618	10. Name and Address of New Registered Agent 81 Name RICARDO R. PESQUERA 82 Street Address (P.O. Box Number is Not Acceptable) 646 E. COLONIAL DR. 83 84 City ORLANDO FL 85 Zip Code 32803
--	--

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 **RICARDO R. PESQUERA** *Ricardo R. Pesquera* **06/02/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, IRVING 13917 BRIARDALE LANE TAMPA FL 33618 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRD POWER, ROBERT 1114 BYERLY WAY ORLANDO FL 32818 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBERTO MIQUEL 1695 FLORIDA MANGO RD STE 3 WEST PALM BCH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILL, GILDA 825 HARBOR ISLAND CLEARWATER FL 34630 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PESQUERA, RICARDO 5405 CEDAR PINE CT ORLANDO FL 32819 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PDIC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY TIRADO 4653 SPRUCE DA P. BEACH GARDENS FL 33418 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **IRVING HERNANDEZ** *Irving Hernandez* **06/02/99 813 960-0038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (1/1/98)