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 # **N37976** **(0)**

1. Corporation Name

PEOPLE ACTING FOR COMMUNITY TOGETHER, INC.

Principal Place of Business	Mailing Address
1883 NW 7TH ST. #8 MIAMI FL 33125	1883 NW 7TH ST. #8 MIAMI FL 33125

2. Principal Place of Business	2a. Mailing Address
21 1883 NW 7TH ST.	26 1883 NW 7TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #8	27 #8
City & State	City & State
23 MIAMI FL	28 MIAMI FL
Zip / Country	Zip / Country
24 33125 / 25 US	29 33125 / 30 US

3. Date Incorporated or Qualified: 05/02/1990
3a. Date of Last Report: 05/30/1995
4. FEI Number: 65-0080062 ☐ 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

FUNDORA, CRISTINA
1883 NW 7 ST.
#8
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: FR. ROLANDO J CASTILLO
82 Street Address (P.O. Box Number is Not Acceptable): 3220 NW 7TH AV
83
84 City: MIAMI FL 85 Zip Code: 33127

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: [signature] 5/30/96
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	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CASTILLO, FR ROLANDO		12 NAME		
STREET ADDRESS	3220 NW 7TH AVE		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MICHEL, JEAN		22 NAME		
STREET ADDRESS	14720 NE 2ND CT		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, CARLOS JOSE		32 NAME		
STREET ADDRESS	2000 NW 103RD ST		33 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	DE LA TORRE, EDUARDO		42 NAME		
STREET ADDRESS	4740 NW 185TH TERRACE		43 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		44 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	51 TITLE	AT	☒ Change ☐ Addition
NAME	CABEZAS, SILVIA		52 NAME	BROWN CONRAD	
STREET ADDRESS	650 E 59TH ST		53 STREET ADDRESS	281 NW 184 TR	
CITY-ST-ZIP	HIALEAH FL		54 CITY-ST-ZIP	MIAMI FL 33169	
TITLE	RS	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SUTHERLAND, SHIRLEY		62 NAME		
STREET ADDRESS	915 NW 1ST AVE 813		63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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: [signature] 5/30/96 635-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #