

# 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 # N48495 (8)**

1. Corporation Name

**PUERTO RICAN CULTURAL SOCIETY, INC.**



Principal Place of Business

**4919 PINE KNOTT AVE.  
W. PALM BCH. FL 33417  
US**

Mailing Address

**4919 PINE KNOT LN.  
WEST PALM BEACH FL 33417  
US**

3. Date Incorporated or Qualified  
**04/22/1992**

3a. Date of Last Report  
**04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4919 Pine Knott Lane**

26 **same**

4. FEI Number  
**65-0333353**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **West Palm Beach**

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Florida**

28

6. Election Campaign Financing  
Trust Fund Contribution ☒ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33417**

25

29

30

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

**ORTIZ, CARMEN O  
4919 PINE KNOTT LN.  
WEST PALM BEACH FL 33417**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 **Carmen O. Ortiz - President**

(NOTE: Registered Agent signature required when reinstating)

**2-15-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **ORTIZ, CARMEN O**  
STREET ADDRESS **4919 PINE KNOTT LN.**  
CITY-ST-ZIP **WEST PALM BCH. FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE

NAME **DEJESUS, RAFAEL**  
STREET ADDRESS **2016 ARDMORE RD.**  
CITY-ST-ZIP **W. PALM BCH. FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **ROBERTO ALONSO**  
2.3 STREET ADDRESS **1542 Maypop Rd.**  
2.4 CITY-ST-ZIP **W. P. B., Florida 33415**

TITLE **SD** ☒ DELETE

NAME **RIOS, CARMEN I**  
STREET ADDRESS **1121 "A" SUMMIT PL CIR.**  
CITY-ST-ZIP **W. PALM BEACH FL**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Nydia I. Kercado**  
3.3 STREET ADDRESS **3834 Heather Dr. W.**  
3.4 CITY-ST-ZIP **Greenacres, Fl. 33463**

TITLE **TD** ☒ DELETE

NAME **CORTES, ROBERT**  
STREET ADDRESS **892 ARLINGTON DR.**  
CITY-ST-ZIP **WEST PALM BCH. FL**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Hector Soto**  
4.3 STREET ADDRESS **121 Rosewood Ln.**  
4.4 CITY-ST-ZIP **Greenacres, Fl. 33463**

TITLE **D** ☒ DELETE

NAME **TORRES, MINERVA**  
STREET ADDRESS **4593 SUTTON TERRACE**  
CITY-ST-ZIP **W. PALM BEACH FL**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **Roberto Oquendo**  
5.3 STREET ADDRESS **5017 El Claro Cir.**  
5.4 CITY-ST-ZIP **West Palm Beach, Fl. 33415**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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:

**Carmen O. Ortiz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/96 (407) 684-6902**

Date

Daytime Phone #

CR2E037 (12/95)