

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 LANE W. PALM BCH. FL 33417 US	Mailing Address 4919 PINE KNOT LN. WEST PALM BEACH FL 33417-4619 US
---	---

3. Date Incorporated or Qualified **04/22/1992** 3a. Date of Last Report **03/05/1996**

2. Principal Place of Business 21 4919 Pine Knott Ln. Suite, Apt. #, etc. 22 West Palm Beach City & State 23 Florida Zip 24 33417	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 65-0333353 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ORTIZ, CARMEN O 4919 PINE KNOTT LN. WEST PALM BEACH FL 33417	10. Name and Address of New Registered Agent 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 **Carmen Olga Ortiz** **2/27/97**
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 P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORTIZ, CARMEN O		1.2 NAME	
STREET ADDRESS 4919 PINE KNOTT LN.		1.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BCH. FL		1.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALONSO, ROBERTO		2.2 NAME	
STREET ADDRESS 1542 MAYPOP ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BCH. FL		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KERCADO, NYDIA I.		3.2 NAME	
STREET ADDRESS 3834 HEATHER DR W.		3.3 STREET ADDRESS	
CITY-ST-ZIP GREENACRES FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOTO, HECTOR		4.2 NAME	
STREET ADDRESS 121 ROSEWOOD LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP GREENACRES FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OQUENDO, ROBERTO		5.2 NAME	
STREET ADDRESS 5017 EL CLARO CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BEACH FL		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 do 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.

SIGNATURE: *Carmen O. Ortiz* **2/27/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038302

CR2E037 (9/96)