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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48495

1. Corporation Name
PUERTO RICAN CULTURAL SOCIETY, INC.

Principal Place of Business	Mailing Address
6054 210 FOREST HILL BLVD W PALM BEACH FL 33415-6210 US	6054 FOREST HILL BLVD W PALM BEACH FL 33415-6210 US

2. Principal Place of Business
21 3834 HEATHER DRIVE WEST
Suite, Apt. #, etc. 22
City & State 23 GREENACRES, FLORIDA
Zip 24 33463 Country 25

2a. Mailing Address
26 P.O. BOX 17665
Suite, Apt. #, etc. 27
City & State 28 WEST PALM BEACH, FLORIDA
Zip 29 33416 Country 30

3. Date Incorporated or Qualified
04/22/1992

4. FEI Number
65-0333353
☐ 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

9. Name and Address of Current Registered Agent

BELTRAN, JUAN
6054-210 FOREST HILL BLVD
W PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name: NYDIA I. KERCADO
82 Street Address (P.O. Box Number is Not Acceptable): 3834 HEATHER DRIVE WEST
83
84 City: GREENACRES FL 85 Zip Code: 33463

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: Nydia I. Kercado PRESIDENT DATE: 2/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FLORES, LUIS		1.2 NAME	KERCADO, NYDIA I.	
STREET ADDRESS	4268 EMPIRE WY		1.3 STREET ADDRESS	3834 HEATHER DR. W.	
CITY-ST-ZIP	GREENACRES FL 33463		1.4 CITY-ST-ZIP	GREENACRES, FL. 33463	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	KERCADO, NYDIA I.		2.2 NAME	SOTO, HECTOR A.	
STREET ADDRESS	3834 HEATHER DR. W.		2.3 STREET ADDRESS	121 ROSEWOOD LANE	
CITY-ST-ZIP	GREENACRES FL		2.4 CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	SE	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	LLUVERAS, AMERICA		3.2 NAME	LLUVERAS, AMERICA	
STREET ADDRESS	2789 FLA MANGO RD STE 316		3.3 STREET ADDRESS	2855 GARDEN DR. S #24-201	
CITY-ST-ZIP	PALM SPRINGS FL 33461		3.4 CITY-ST-ZIP	LAKE WORTH FL. 33461	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	SOTO, HECTOR		4.2 NAME	PEREZ, LUIS	
STREET ADDRESS	121 ROSEWOOD LANE		4.3 STREET ADDRESS	6102 NEW PORT VILLAGE WAY	
CITY-ST-ZIP	GREENACRES FL		4.4 CITY-ST-ZIP	L.W. FL. 33463	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Nydia I. Kercado **REQUIRED** 2/8/99 (561) 439-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #