


FILE NOW: FILING FEE IS \$61.25

61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N92000000384

1. Corporation Name
PUENTE DE JOVENES PROFESIONALES CUBANOS, INC.

99 MAY -3 AM 10:45

Principal Place of Business
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

Mailing Address
1101 BRICKELL AVE STE 1400
MIAMI FL 33131



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/19/1992	69-0043070	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	Zip	Zip		6. Election Campaign Financing Trust Fund Contribution	
23	Country	Country		\$5.00 May Be Added to Fees	
24	Country	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GUTIERREZ, JR., NICHOLAS J ESO. 1101 BRICKELL AVE STE 1400 MIAMI FL 33131				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEJAIME, CHARLES N	12 NAME	
STREET ADDRESS	1101 BRICKELL AVE STE 1400	13 STREET ADDRESS	13880 SW 111th St.
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	MIAMI, FL 33186-3274
TITLE	DP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, JR., NICHOLAS J ESO.	22 NAME	
STREET ADDRESS	1101 BRICKELL AVE STE 1400	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	24 CITY-ST-ZIP	200002874522--0
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ERIC A ESO.	32 NAME	
STREET ADDRESS	401 OCEAN BLVD., SUITE 804	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	34 CITY-ST-ZIP	-05/13/99-0111-002 ****522.50 *****61.25
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENENDEZ, URBANO D	42 NAME	D/ PAU-LLOSA, RICARDO
STREET ADDRESS	1101 BRICKELL AVE STE 1400	43 STREET ADDRESS	3225 SW 58th AVE.
CITY-ST-ZIP	MIAMI FL 33131	44 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	DS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLO, RAMON REV.	52 NAME	
STREET ADDRESS	845 E. 5TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTINI, JR., JOSE A	62 NAME	BELL, HENRY
STREET ADDRESS	1101 BRICKELL AVE STE 1400	63 STREET ADDRESS	150 W FLAGLER STE 1700
CITY-ST-ZIP	MIAMI FL 33131	64 CITY-ST-ZIP	MIAMI, FL 33130

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: Nicholas J. Gutierrez, Jr., Esq., Pres. 4/5/99 (305) 379-0330

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