SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003452 (8)

1. Corporation Name
DOMINICAN REVOLUTIONARY, PARTY SECTIONAL OF FLOR IDA, INC.

Principal Place of Business	Mailing Address
1900 N.W. 36 STREET MIAMI FL 33127	1900 N.W. 36 STREET MIAMI FL 33127

3. Date Incorporated or Qualified: 07/21/1995
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26: 7400 W 20 AVE.
Suite, Apt. #, etc. — 27: #208
City & State — 28: HiALEAH, FL
Zip — 29: 33016 Country — 30: USA

4. FEI Number: ☐ 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**

SCHROH, AMERICA
240 N.E. 174 STREET
NORTH MIAMI FL 33162

10. **Name and Address of New Registered Agent**

81 Name: LUIS O. SANDOVAL
82 Street Address (P.O. Box Number is Not Acceptable): 7400 W 20 AVE. APT. 208
83:
84 City: HiALEAH FL 85 Zip Code: 33016

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] LUIS O. SANDOVAL, V-P SECRETARY 6/11/96
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 P/D NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT P/D ☐ DELETE JOSE M. MONTAS 1900 NW 36 ST. MIAMI, FL 33127	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D ☐ Change ☒ Addition JOSE M. MONTAS 103 MADRID ST. RPB, FL 33411
TITLE V/D NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT V/D ☐ DELETE AMABLE MADE 1900 NW 36 ST. MIAMI, FL 33127	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/D ☐ Change ☒ Addition AMABLE MADE 3155 NW 27 ST. MIAMI, FL 33142
TITLE V/T/D/S NAME STREET ADDRESS CITY-ST-ZIP	VP-TREASURER ☐ DELETE MANUEL A. DURAN 1900 NW 36 ST. MIAMI, FL 33127	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/T/D/S ☐ Change ☒ Addition MANUEL A. DURAN 2802 NW 102 ST. MIAMI, FL 33147
TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY S/D ☐ DELETE ISIDRO MADE 1900 NW 36 ST. MIAMI, FL 33127	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/D ☐ Change ☒ Addition ISIDRO MADE 3023 NW 28 ST. MIAMI, FL 33142
TITLE V/D NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ☐ DELETE HIGINIO A. DURAN 1900 NW 36 ST. MIAMI, FL 33127	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V/D ☐ Change ☒ Addition HIGINIO A. DURAN 2800 NW 102 ST. MIAMI, FL 33147
TITLE V/D/S NAME STREET ADDRESS CITY-ST-ZIP	VP-SECRETARY ☐ DELETE LUIS O. SANDOVAL 7400 W 20 AVE. #208 HIALEAH, FL 33016	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	000001924060 -08/16/96--01036--023 V/D/S ☐ Change ☒ Addition LUIS O. SANDOVAL 7400 W 20 AVE. # 208 HIALEAH, FL 33016

CR2E037 (3/96)

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] SIGNATURE REQUIRED 6/11/96 (305) 822-6147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AMERICA SCHROH LUIS O. SANDOVAL