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 FLORIDA, INC.

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

Mailing Address
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:
2a. Mailing Address — 26: 7400 W 20 AVE.
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: #208
City & State — 23:
City & State — 28: HiALEAH, FL
Zip — 24:
Country — 25:
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

TITLE P/D	PRESIDENT P/D	☐ DELETE
NAME	JOSE M. MONTAS	
STREET ADDRESS	1900 NW 36 ST.	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE V/D	VICE-PRESIDENT V/D	☐ DELETE
NAME	AMABLE MADE	
STREET ADDRESS	1900 NW 36 ST.	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE V/T/D/S	VP — TREASURER	☐ DELETE
NAME	MANUEL A. DURAN	
STREET ADDRESS	1900 NW 36 ST.	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE S/D	SECRETARY S/D	☐ DELETE
NAME	ISIDRO MADE	
STREET ADDRESS	1900 NW 36 ST.	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE V/D	VICE-PRESIDENT	☐ DELETE
NAME	HIGINIO A. DURAN	
STREET ADDRESS	1900 NW 36 ST.	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE V/D/S	VP — SECRETARY	☐ DELETE
NAME	LUIS O. SANDOVAL	
STREET ADDRESS	7400 W 20 AVE. #208	
CITY-ST-ZIP	HiALEAH, FL 33016	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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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: America Schroh UNE REQUIRED [signature] 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