

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

1900 N.W. 36 STREET
MIAMI FL 33127

Mailing Address

7400 W 20 AVE.
#208
HIALEAH FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/21/1995	3a. Date of Last Report 08/16/1996
4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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	PD	<input type="checkbox"/> DELETE
NAME	MONTAS, JOSE M	
STREET ADDRESS	103 MADRID ST.	
CITY-ST-ZIP	RPB FL 33411	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MADE, AMABLE	
STREET ADDRESS	3155 NW 27 ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VTDS	<input type="checkbox"/> DELETE
NAME	DURAN, MANNUEL A	
STREET ADDRESS	2802 NW 102 ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MADE, ISIDRO	
STREET ADDRESS	3023 NW 28 ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DURAN, NIGINIO A	
STREET ADDRESS	2800 NW 102 ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	SANDOVAL, LUIS O	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VTDS
3.2 NAME	DURAN, MANUEL A.
3.3 STREET ADDRESS	2802 NW 102 ST.
3.4 CITY-ST-ZIP	MIAMI, FL 33147
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD
5.2 NAME	DURAN, HIGINIO A.
5.3 STREET ADDRESS	2800 NW 102 ST.
5.4 CITY-ST-ZIP	MIAMI, FL 33147
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

[Signature]

7/28/97 (308) 693-0405

CR2E037 (4/97)