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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000004058

1. Corporation Name

**FESTIVAL DE LA HERENCIA Y CULTURA PUERTORRIQUENA,
INC.**

Principal Place of Business

5027 SPRING RUN AVE
ORLANDO FL 32819-3334
US

Mailing Address

5027 SPRING RUN AVE
ORLANDO FL 32819-3334
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/22/1995

4. FEI Number

59-3402663

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

CASTELEIRG, GLADYS
5027 SPRING RUN AVE
ORLANDO FL 32819-3334

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 *Gladys Casteleiro*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE *2-10-99*

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME RUIZ-ROSALY, JORGE
STREET ADDRESS 3900 LAKE MIRAGE BLVD
CITY-ST-ZIP ORLANDO FL 32817

TITLE TD ☒ DELETE
NAME LEDESMA, REINALDO
STREET ADDRESS 1315 SASSAFRAS AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE VD ☐ DELETE
NAME LOPEZ, MAGIN
STREET ADDRESS 1166 MAPIMI COURT
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE PD ☐ DELETE
NAME CASTELEIRO, GLADYS
STREET ADDRESS 5027 SPRING RUN AVE
CITY-ST-ZIP ORLANDO FL 32819-3334

TITLE SD ☐ DELETE
NAME BISIGNANO, DONNA
STREET ADDRESS 1085 S. HIAWASSEE RD., APT 522
CITY-ST-ZIP ORLANDO FL 32835

TITLE VD ☐ DELETE
NAME SANTOS, NELLY
STREET ADDRESS 2731 WOODRUFF DR
CITY-ST-ZIP ORLANDO FL 32837

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Carmen Santiago
1.3 STREET ADDRESS 672 N. Semoran Blvd, Ste. #204
1.4 CITY-ST-ZIP Orlando, FL 32807

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME Samuel Ramirez
2.3 STREET ADDRESS 741 Little Wekiva Cir.
2.4 CITY-ST-ZIP Altamonte Springs, FL 32714

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Gladys Casteleiro* 2-10-99 - (407) 423-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)