

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

1999 AUG 30 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000572			
1. Corporation Name PUERTO RICAN CAUCUS OF FLORIDA, INC.			
Principal Place of Business 9001 HUNTINGTON DRIVE SARASOTA FL 34238 US		Mailing Address 9001 HUNTINGTON DRIVE SARASOTA FL 34238 US	



5/14/99 90004 063 61.25
064 13.75

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		01/28/1986	
22 City & State		2c. City & State		4. FEI Number	
23 Zip		2d. Zip		59-3361429	
24 Country		2e. Country		5. Certificate of Status Desired	
				☒ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent RIOS, MIGUEL A 1121 (A) SUMMIT PLACE CIRCLE WEST PALM BEACH FL 33415		10. Name and Address of New Registered Agent 81 Name Elizabeth C. Duevas-Neuder 82 Street Address (P.O. Box Number is Not Acceptable) 9001 Huntington Point Dr. 83 84 City Sarasota FL 85 Zip Code 34238	
---	--	--	--

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 Elizabeth C. Duevas-Neuder, President DATE April 27, 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President/D
NAME	DUEVAS-NEUDER, ELIZABETH C	1.2 NAME	Cuevas-Neuder Elizabeth
STREET ADDRESS	9001 HUNTINGTON POINT DRIVE	1.3 STREET ADDRESS	9001 Huntington Pointe Dr
CITY-ST-ZIP	SARASOTA FL 34238	1.4 CITY-ST-ZIP	Sarasota, Florida 34238
TITLE	TO	2.1 TITLE	Vice-President/D
NAME	SOSA, RAYMOND	2.2 NAME	Ramos William
STREET ADDRESS	3830 NW 13 STREET	2.3 STREET ADDRESS	P.O. Box 2844
CITY-ST-ZIP	MIAMI FL 33128	2.4 CITY-ST-ZIP	Sarasota Florida 34238
TITLE	VPO	3.1 TITLE	Secretary/D
NAME	RIOS, MIGUEL A	3.2 NAME	Diaz Bel Gisette
STREET ADDRESS	1121 A SUMMIT PLACE CIRCLE	3.3 STREET ADDRESS	1928 N. Pompano ave
CITY-ST-ZIP	WEST PALM BEACH FL 33415	3.4 CITY-ST-ZIP	Sarasota, Florida 34230
TITLE	SO	4.1 TITLE	Treasurer/D
NAME	DELGADO, GLORIA	4.2 NAME	Garcia Albert
STREET ADDRESS	2102 SW JULIET AVE	4.3 STREET ADDRESS	4848 winners circle #911
CITY-ST-ZIP	PORT ST LUCIE FL 34953	4.4 CITY-ST-ZIP	Sarasota, Florida 34238
TITLE	D	5.1 TITLE	
NAME	SUAREZ, ANTHONY ESO.	5.2 NAME	Rodriguez, Henry
STREET ADDRESS	517 W. COLONIAL DRIVE	5.3 STREET ADDRESS	3451 Queens St. # 717
CITY-ST-ZIP	ORLANDO FL 32804	5.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	D	6.1 TITLE	
NAME	MATOS, ERIC E	6.2 NAME	Rios, miguel A.
STREET ADDRESS	7402 NORTH 58TH ST STE 906	6.3 STREET ADDRESS	1121-A summit place Cir
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	West Palm Bch. FL 33415

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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: Elizabeth C. Duevas-Neuder, President DATE: April 27, 99 966-2500

CR2037 (11/98)

AD