

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90145 023 ****61.25

0060435

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000001978

1. Corporation Name

**DOMINICAN PROFESSIONALS AND BUSINESSMEN/WOMEN AS
SOCIATION OF THE TAMPA BAY AREA, INC.**

Principal Place of Business
3002 WEST PRICE AVENUE
TAMPA FL 33611

Mailing Address
3002 WEST PRICE AVENUE
TAMPA FL 33611



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/12/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3372040	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, DAMARIS		1.2 NAME	WESTBROOK - TAVERAS, AMINTA	
STREET ADDRESS	C/O 3002 WEST PRICE AVENUE		1.3 STREET ADDRESS	4725 STONEPOINTE PL.	
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP	TAMPA, FL. 33634	
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URENA, CLARA		2.2 NAME	SERCILIA WESTHOFF	
STREET ADDRESS	2213 CITRUS VALLEY CIR		2.3 STREET ADDRESS	28616 TALLGRASS DR.	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	TAMPA, FL. 33543	
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRERA, TRUDY		3.2 NAME	SOTO, DAMARIS	
STREET ADDRESS	2815 W HORATIO ST, #8		3.3 STREET ADDRESS	C/O 3002 W. PRICE AVENUE	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL. 33611	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICTO, GUSTAVO		4.2 NAME	PABLO MARTINEZ	
STREET ADDRESS	7607 CORTEZ CT		4.3 STREET ADDRESS	5619 LARIMER DR.	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA, FL. 33634	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORDERO, IVELISSE		5.2 NAME	CAMINERO, ISMAEL	
STREET ADDRESS	3411 DANNY BRYAN BLVD		5.3 STREET ADDRESS	8314 DRY CREEK DR	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA, FL. 33615	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URENA, LUIS		6.2 NAME	CORDERO, LUIS	
STREET ADDRESS	C/O 3002 WEST PRICE AVENUE		6.3 STREET ADDRESS	3411 DANNY BRYAN BLVD	
CITY-ST-ZIP	TAMPA FL 33611		6.4 CITY-ST-ZIP	TAMPA, FL. 33619	

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: AMINTA WESTBROOK - TAVERAS **SIGNATURE REQUIRED** 4/13/99 (813) 882-3098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)