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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000002624 (2)**

1. Corporation Name

PUERTO RICAN HERITAGE INSTITUTE, INC.

Principal Place of Business	Mailing Address
3191 CORAL WAY SUITE 115-180 MIAMI FL 33145	3191 CORAL WAY SUITE 115-180 MIAMI FL 33145-3213

3. Date Incorporated or Qualified: 05/16/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1825 Ponce de Leon Blvd.	26 1825 Ponce de Leon Blvd.
Suite, Apt. #, etc. 22 151	Suite, Apt. #, etc. 27 151
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, Florida
Zip / Country 24 33134 / 25	Zip / Country 29 33134 / 30

4. FEI Number: 65-0688734 ☐ 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	10. Name and Address of New Registered Agent
CUEVAS, ANDREW ESQ. 9200 S. DADELAND BLVD. SUITE 603 MIAMI FL 33156	81 Name: Cuevas, Andrew Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 9200 S. Dadeland Blvd., Suite 603 83 84 City: Miami FL 85 Zip Code: 33156

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: * Andrew Cuevas Andrew Cuevas, Esq. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SOSA, RAYMOND L		1.2 NAME	Peña, Rafael O.	
STREET ADDRESS	3191 CORAL WAY SUITE 115-180		1.3 STREET ADDRESS	20295 N.W. 2nd Avenue	
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-ST-ZIP	Miami, Florida 33169	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROSA, LUIS D		2.2 NAME	ROSA, LUIS D	
STREET ADDRESS	3191 CORAL WAY SUITE 115-180		2.3 STREET ADDRESS	1825 Ponce de Leon Blvd. - Suite 151	
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	SIERRA, MIREAM		3.2 NAME	Balleste, Connie	
STREET ADDRESS	3191 CORAL WAY SUITE 115-180		3.3 STREET ADDRESS	16003 Kingsmoor Way	
CITY-ST-ZIP	MIAMI FL 33145		3.4 CITY-ST-ZIP	Miami Lakes, Florida 33014	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	CHALVIRE, GRACE		4.2 NAME	CHALVIRE, GRACE	
STREET ADDRESS	3191 CORAL WAY SUITE 115-180		4.3 STREET ADDRESS	1825 Ponce de Leon Blvd. - Suite 151	
CITY-ST-ZIP	MIAMI FL 33145		4.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MOJICAS, HENRY		5.2 NAME	MOJICAS, HENRY	
STREET ADDRESS	3191 CORAL WAY SUITE 115-180		5.3 STREET ADDRESS	1825 Ponce de Leon Blvd. - Suite 151	
CITY-ST-ZIP	MIAMI FL 33145		5.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CHAVES, MELVIN S		6.2 NAME	Tejeda, Paula	
STREET ADDRESS	3191 CORAL WAY SUITE 115-180		6.3 STREET ADDRESS	P.O. Box 614 N/A	
CITY-ST-ZIP	MIAMI FL 33145		6.4 CITY-ST-ZIP	Hollywood, Florida 33022	

CR2E037 (9/96)

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: Rafael O. Peña PRESIDENT 8/5/97