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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N96000002624

1. Corporation Name

PUERTO RICAN HERITAGE INSTITUTE, INC.

Principal Place of Business

1825 PONCE DE LEON BLVD
 SUITE 151
 CORAL GABLES FL 33134
 US

Mailing Address

1825 PONCE DE LEON BLVD
 SUITE 151
 CORAL GABLES FL 33134
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/16/1996

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

9. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.
 9200 S. DADELAND BLVD.
 SUITE 603
 MIAMI FL 33156

Delete

10. Name and Address of New Registered Agent

81 Name *Richard R. Robles Esq.*
 82 Street Address (P.O. Box Number is Not Acceptable)
825 Brickell Bay Drive
 83 *Tower III, Suite 1842*
 84 City *Miami* FL 85 Zip Code *33131*

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 checked="" type="checkbox"/> DELETE
NAME	PENA, RAFAEL O	
STREET ADDRESS	20295 NW 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSA, LUIS D	
STREET ADDRESS	1825 PONCE DE LEON BLVD SUITE 151	<i>OK</i>
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GALBAN, ISLA	
STREET ADDRESS	7820 KISNET ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHALVIRE, GRACE	
STREET ADDRESS	1825 PONCE DE LEON BLVD SUITE 151	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOJICAS, HENRY	<i>OK</i>
STREET ADDRESS	1825 PONCE DE LEON BLVD SUITE 151	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VELAZQUEZ, NILSA	
STREET ADDRESS	3628 N.E. 1ST CT	
CITY-ST-ZIP	MIAMI FL 33137	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Carlos Julia</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>1825 Ponce De Leon Blvd</i>	
1.3 STREET ADDRESS	<i>Coral Gables, Fl-33134</i>	
1.4 CITY-ST-ZIP	<i>CHAIRMAN</i>	
2.1 TITLE	<i>SAME</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>VICE-CHAIR</i>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	<i>SAME</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>SECT. / TRES.</i>	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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:

Richard R. Robles Esq. 5/28/99 (305) 857-9985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)