

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**APPROVED  
AND  
FILED**

1997 OCT -2 AM 2: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**

**DOCUMENT # N97000000064 (2)**  
1. Corporation Name  
**PUERTO RICAN ASSOCIATION OF JACKSONVILLE, FL INC**



Principal Place of Business Mailing Address  
POST OFFICE BOX 350269 POST OFFICE BOX 350269  
JACKSONVILLE FL 32235-0269 JACKSONVILLE FL 32235-0269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/31/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

**9. Name and Address of Current Registered Agent**  
**SANCHEZ, ANGEL J**  
**12774 EAGLESHAM DRIVE**  
**JACKSONVILLE FL 32225**

**10. Name and Address of New Registered Agent**

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>200002313292--9</b>
B3	<b>-10/06/97--01170--018</b>
B4 City	<b>FL</b>
B5 Zip Code	<b>32225</b>

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 \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE "D" P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ANGEL J. SANCHEZ</b>
1.3 STREET ADDRESS	<b>12774 EAGLESHAM DR</b>
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32225</b>
2.1 TITLE "A" V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JOSE RODRIGUEZ</b>
2.3 STREET ADDRESS	<b>11110 ATLANTIC BLVD., APT. 408</b>
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32225</b>
3.1 TITLE "D" S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ALICIA RAMOS</b>
3.3 STREET ADDRESS	<b>10763 KUSAIB DR. S.</b>
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32244</b>
4.1 TITLE "D" S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>KAREN ORTIZ</b>
4.3 STREET ADDRESS	<b>11867 MINFORD CIR. N.</b>
4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32246</b>
5.1 TITLE "D" T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BARBARA QUILON</b>
5.3 STREET ADDRESS	<b>11761 WATTLE TREE CT.</b>
5.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32246</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 16 Sept 97 (404) 778-5544

CR2E037 (4/97)

**PUERTO RICAN ASSOCIATION OF JACKSONVILLE, FL INC.  
P. O. BOX 350269  
JACKSONVILLE, FL 32235-0269**

September 29, 1997

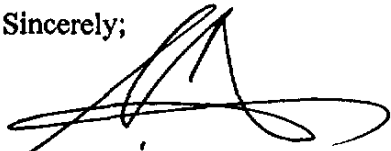
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FL 32314

SUBJECT: PUERTO RICAN ASSOCIATION OF JACKSONVILLE, FL INC.  
1997 NONPROFIT CORPORATION ANNUAL REPORT

Ref. (a) Letter number:397A00046842, dated 22 September 1997.

In response to reference (a), subject report corrected and enclosed herein.

Sincerely;

A handwritten signature in black ink, appearing to read 'Angel J. Sanchez', with a large, stylized flourish extending from the end of the signature.

Angel J. Sanchez  
President