


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000064 (2) 1. Corporation Name PUERTO RICAN ASSOCIATION OF JACKSONVILLE, FL INC					
Principal Place of Business POST OFFICE BOX 350269 JACKSONVILLE FL 32235-0269			Mailing Address POST OFFICE BOX 350269 JACKSONVILLE FL 32235-0269		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/31/1996 4. FEI Number 51-3499691 APPLIED FOR Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		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 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 _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SANCHEZ, ANGEL J				
STREET ADDRESS	12774 EAGLESHAM DR				
CITY-ST-ZIP	JACKSONVILLE FL 32225				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	RODRIGUEZ, JOSE				
STREET ADDRESS	11110 ATLANTIC BLVD., APT 408				
CITY-ST-ZIP	JACKSONVILLE FL 32225				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	RAMOS, ALICIA				
STREET ADDRESS	10763 KUSAIE DRIVE S				
CITY-ST-ZIP	JACKSONVILLE FL 32246				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ORTIZ, KAREM				
STREET ADDRESS	11867 MINFORD CIRCLE N.				
CITY-ST-ZIP	JACKSONVILLE FL 32246				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	QUILON, BARBARA				
STREET ADDRESS	11761 WATTLE TREE CT				
CITY-ST-ZIP	JACKSONVILLE FL 32246				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
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.

SIGNATURE:

ANGEL J. SANCHEZ

1 MAY 98

(904) 998-8983

CR2E037 (10/97)