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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000064

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/31/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3499691
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **IVAN RAMOS**

82 Street Address (P.O. Box Number is Not Acceptable)
10763 KUSAIE DRIVE S

83

84 City **JACKSONVILLE** FL 85 Zip Code **32246**

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 *Ivan Ramos* **Ivan Ramos** **President** **8/1/99**

(NOTE: Registered Agent signature required when reinstating)

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 checked="" 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		<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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAMOS, IVAN	
1.3 STREET ADDRESS	10763 KUSAIE DRIVE S	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ORTIZ, KAREM	
3.3 STREET ADDRESS	11867 MINFORD CIRCLE N.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARIA FERNANDEZ	
4.3 STREET ADDRESS	2610 COLUMBINE DRIVE N	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARTHUR J. LA MOUREAUX	
5.3 STREET ADDRESS	14210 SAYBROOK FALLS CT.	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	
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)(l), 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: *Arthur J. La Moureaux* **ARTHUR J. LA MOUREAUX** **8/1/99 (904) 727-2658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)