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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004051 (5)

1. Corporation Name

PUERTO RICAN STATEHOOD FOUNDATION OF FLORIDA, INC.



Principal Place of Business	Mailing Address
1500 S. SEMORAN BLVD. ORLANDO FL 32807	1500 S. SEMORAN BLVD. ORLANDO FL 32807

3. Date Incorporated or Qualified

07/16/1997

4. FEI Number

59-3457268

Applied For

Not Applicable

2. Principal Place of Business

21 5204 MYSTIC HT. CT.

Suite, Apt. #, etc.

22 City & State

23 ORL. FL.

24 Zip

30812

Country

OR.

2a. Mailing Address

26 P.O. Box 780337

Suite, Apt. #, etc.

27 City & State

28 ORLANDO, FL

Zip

30818-0337

Country

OR.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMER, LUIS F SR.
1500 S. SEMORAN BLVD.
ORLANDO FL 32807

81 Name

JOSEPH BRACERO

82 Street Address (P.O. Box Number is Not Acceptable)

5204 MYSTIC HT. CT.

83

ORL. FL. 30812

84 City

FL

85 Zip Code

30812

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

01/16/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, LUIS F SR.	
STREET ADDRESS	1500 S. SEMORAN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32807	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARRION, JULIO R	
STREET ADDRESS	20 SILVER SWAN CT.	
CITY-ST-ZIP	KISSIMMEE FL 34743	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PECUNIA, HARRY JR.	
STREET ADDRESS	3834 CURRY FORD RD.	
CITY-ST-ZIP	ORLANDO FL 32806	

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH BRACERO	
1.3 STREET ADDRESS	5204 MYSTIC HT. CT.	
1.4 CITY-ST-ZIP	ORLANDO FL 30812	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWARD MARTINEZ	
2.3 STREET ADDRESS	802 LEOPOLDO TRL.	
2.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAUL BERNARDINI	
3.3 STREET ADDRESS	1648 WATERSCAPE WAY	
3.4 CITY-ST-ZIP	ORL. FL. 32805	

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:

Bracero

01/16/97 407-381-0972

CR2E037 (10/97)