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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000004051

1. Corporation Name
PUERTO RICAN STATEHOOD FOUNDATION OF FLORIDA, IN C.

Principal Place of Business	Mailing Address
5204 MYSTIC PT CT ORLANDO FL 32812 US	P O BOX 780337 ORLANDO FL 32878-0337 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 P.O. Box 300523 Suite, Apt. #, etc. 27 Fern Park, FL. City & State 28 32730 Seminole Zip 29 Country 30	3. Date Incorporated or Qualified 07/16/1997 4. FEI Number 59-3457268 ☐ 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	10. Name and Address of New Registered Agent
JOSEPH BRACERO 5206 MYSTIC PT CT ORLANDO FL 32812	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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] 1/25/99
Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	JOSEPH BRACERO		1.2 NAME	Edward Martinez Jr.	
STREET ADDRESS	5206 MYSTIC PT CT		1.3 STREET ADDRESS	931 Old White Way	
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP	Winter Springs, FL. 32708	
TITLE	D	☒ DELETE	2.1 TITLE	V. P.	☒ Change ☐ Addition
NAME	EDWARD MARTINEZ		2.2 NAME	Joseph Bracero	
STREET ADDRESS	802 LEOPOLDO TRL		2.3 STREET ADDRESS	5206 Mystic Pt. Ct.,	
CITY-ST-ZIP	WINTER SPRGS FL 32708		2.4 CITY-ST-ZIP	Orlando, FL. 32812	
TITLE	D	☒ DELETE	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	RAUL BERNARDINI		3.2 NAME	Blanca L. Martinez	
STREET ADDRESS	648 WATESCAPE WAY		3.3 STREET ADDRESS	931 Old White Way	
CITY-ST-ZIP	ORLANDO FL 32828		3.4 CITY-ST-ZIP	Winter Springs, FL. 32708	
TITLE	D	☐ DELETE	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	Johnnie Ruiz		4.2 NAME	Nancy C. Acevedo	
STREET ADDRESS	4417 Brandes Ave.		4.3 STREET ADDRESS	1103 Winter Springs Blvd.	
CITY-ST-ZIP	Orlando, FL. 32839		4.4 CITY-ST-ZIP	Winter Springs, FL. 32708	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Violeta Burgos		5.2 NAME		
STREET ADDRESS	801 Quaile Hollow Dr		5.3 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL. 32825		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Galo Melendez, P.E.		6.2 NAME		
STREET ADDRESS	681 Andover Circle		6.3 STREET ADDRESS		
CITY-ST-ZIP	Winter Springs, FL. 32708		6.4 CITY-ST-ZIP		

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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: SIGNATURE REQUIRED 1/26/99 407 366 6808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #