

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 10 1998 8:00am
Secretary of State

DOCUMENT # N97000004789 (0)

1. Corporation Name

CENTRO DE CULTURA PUERTORRIQUENA DE LA FLORIDA,
INC.

Principal Place of Business

Mailing Address

7164 GREEN NEEDLE DRIVE
WINTER PRAK FL 32792

7164 GREEN NEEDLE DRIVE
WINTER PRAK FL 32792

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

59-3461381

Applied For

Not Applicable

2. Principal Place of Business

21 640 Fellowship Dr

2a. Mailing Address

26 P.O. Box 721024

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fern Park, Florida

City & State

28 Orlando, Florida

Zip

24 32730

Country

25 USA

Zip

29 32872

Country

30 USA

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

RODRIGUEZ, ERIC M
7164 GREEN NEEDLE DRIVE
WINTER PRAK FL 32792

10. Name and Address of New Registered Agent

81 Name

Manuel N. Cintron

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

640 Fellowship Dr.

83

84 City

Fern Park

FL

85 Zip Code

32730

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: MANUEL N. CINTRON

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/26/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME RODRIGUEZ, ERIC M
STREET ADDRESS 7164 GREEN NEEDLE DRIVE
CITY-ST-ZIP WINTER PRAK FL 32792

TITLE D ☐ DELETE
NAME CINRON, MANUEL N
STREET ADDRESS 640 FELLOWSHIP DR
CITY-ST-ZIP FERN PARK FL 32730

TITLE D ☐ DELETE
NAME MARTINEZ, MARY M
STREET ADDRESS 3841 RUNNING WATER DR
CITY-ST-ZIP ORLANDO FL 32829

TITLE D ☐ DELETE
NAME RIVERA, MIGUEL A
STREET ADDRESS 1309 BLACK WILLOW TRAIL
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☐ DELETE
NAME SOTOMAYOR, JUDITH
STREET ADDRESS 919 MOSSHART LANE
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ DELETE
NAME MARTINEZ, CARLOS V
STREET ADDRESS 3841 RUNNING WATER DRIVE
CITY-ST-ZIP ORLANDO FL 32829

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: MANUEL N. CINTRON - Manuel N. Cintron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-1998 407-834-1164

Date

Daytime Phone #

CR2E037 (5/98)