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
98 OCT 29 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004789

1. Corporation Name
CENTRO DE CULTURA PUERTORRIQUEÑA DE LA FLORIDA INC.

Principal Place of Business
604 Fellowship Dr
Fern Park, Florida 32730

Mailing Address

3. Date Incorporated or Qualified: 8-22-1997

4. FEI Number: 59-3461381 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 604 Fellowship Dr
22: Suite, Apt. #, etc.
23: City & State: Fern Park, Florida
24: Zip: 32730
25: Country: Seminole

2a. Mailing Address
26: P.O. Box 721024
27: Suite, Apt. #, etc.
28: City & State: Orlando, Florida
29: Zip: 32872
30: Country: Orange

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

Eric M. Jimenez Rodriguez
7164 Green Needle Dr.
Winter Park, Florida 32792

10. Name and Address of New Registered Agent

81 Name: Manuel N. Cintron
82 Street Address (P.O. Box Number is Not Acceptable)
83: 604 Fellowship Dr.
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 — 10-20-1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN OF THE BOARD MANUEL N. CINTRON 604 FELLOWSHIP DR FERN PARK, FLORIDA 32730	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VOCAL ROSITA RODRIGUEZ 2809 GRAND BAHT CT. ORLANDO, FLORIDA 32837 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE CHAIRMAN MIGUEL A. RIVERA 1309 BLACK WIDOW TR. ALTAMONTE SPRINGS FL. 32714	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VOCAL TERE ARCE 3734 OKEECHOBEE CIRCLE CASSELBERRY, FLORIDA 32707 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MONSERRATE VARGAS 10250 JEPSON ST ORLANDO, FLORIDA 32825	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VOCAL JUDITH SOTOMAYOR 919 MOSSHEART LN. ORLANDO, FLORIDA 32825 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JUDITH MAGALY ROJAS 2650 HILLIARD CT KISSIMMEE, FLORIDA 34744	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	000002679100--4 -11/03/98--01056--001 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUB-SECRETARY GLADYS SANTIAGO 168 RANDALWOOD DR. KISSIMMEE, FLORIDA 34743	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUB-TREASURER OSCAR ALICEA 4496 WEEPING WILLOW CT. CASSELBERRY, FLORIDA 32707	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/98)

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 — 10/20/98 — 407-834-1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #