

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000004789**

1. Corporation Name

**CENTRO DE CULTURA PUERTORRIQUENA DE LA FLORIDA, INC.**

Principal Place of Business

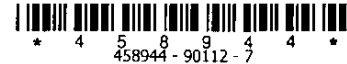
604 FELLOWSHIP DR  
FERN PARK FL 32730  
US

Mailing Address

P O BOX 721024  
ORLANDO FL 32872  
US

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90112 007 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

59-3461381

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

CINTRON, MANUEL N  
604 FELLOWSHIP DR  
FERN PARK FL 32730

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

COBD  
CINTRON, MANUEL N  
604 FELLOWSHIP DR  
FERN PARK FL 32730

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VCD  
RIVERA, MIGUEL A  
1309 BLACK WIDOW TR  
ALTAMONTE SPRINGS FL 32714

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S  
VARGAS, MONSERATE  
10250 JEPSON STREET  
ORLANDO FL 32825

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T  
ROJAS, JUDITH M  
2650 HILLIARD COURT  
KISSIMMEE FL 34744

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SS  
SANTIAGO, GLADYS  
168 RANDALWOOD DR  
KISSIMMEE FL 34743

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST  
ALICEA, OSCAR  
4486 WEEPING WILLOW COURT  
CASSELBERRY FL 32707

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

407-306-7971  
334-1144

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