FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 30 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36767 (2)

1. Corporation Name
Patronato Benefico Oriental of the United States, Inc
(Non-Profit 501c3)

Principal Place of Business	Mailing Address
c/o Americas Export 2600 SW Third Ave Ste 600 Miami, Fl 33129	c/o Americas Export 2600 SW Third Ave Ste 600 Miami, Fl 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3a. Date of Last Report
4. FEI Number 52-1273588 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) Suite, Apt #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt #, etc (27) City & State (28) Zip (29) Country (30)
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Tawil, Nicholas I
2600 SW THird AVenue
Suite 600
Miami, FL 33129

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	11 TITLE	☐ Change ☐ Addition
NAME	Menendez, Xiomara	12 NAME	
STREET ADDRESS	Central Romana, La Romana	13 STREET ADDRESS	
CITY-ST-ZIP	Dom Republic	14 CITY-ST-ZIP	
TITLE	VCV	21 TITLE	☐ Change ☐ Addition
NAME	Morales, Clara	22 NAME	900001504049
STREET ADDRESS	Central Romana, La Romana	23 STREET ADDRESS	-06/02/95--01007--003
CITY-ST-ZIP	Dom Republic	24 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Lima, Jeanette G. de M	32 NAME	
STREET ADDRESS	Central Romana, La Romana	33 STREET ADDRESS	
CITY-ST-ZIP	Dom Republic	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	Renta, Oscar de la	42 NAME	
STREET ADDRESS	Central Romana, La Romana	43 STREET ADDRESS	
CITY-ST-ZIP	Dom Republic	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	Klock, Joseph P.	52 NAME	
STREET ADDRESS	Central Romana, La Romana	53 STREET ADDRESS	
CITY-ST-ZIP	Dom Republic	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/24/95 305-856-4234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number