

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995

**FLORIDA DEPARTMENT OF STATE**
Candace B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 30 AM 9:02

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36767 (2)
1. Corporation Name
Patronato Benefico Oriental of the United States, Inc
(Non-Profit 501c3)

DO NOT WRITE IN THIS SPACE

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

Mailing Address
c/o Americas Export
2600 SW Third Ave
Ste 600
Miami, FL 33129

3. Date Incorporated or Qualified 3a. Date of Last Report
4. FEI Number 52-1273588 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

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 E 199.012 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Tawil, Nicholas I
2600 SW Third Avenue
Suite 600
Miami, FL 33129

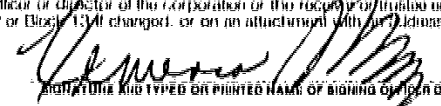
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (Signature typed or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when terminating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	☐ Change ☐ Addition
NAME	Menendez, Xiomara	1.2 NAME	
STREET ADDRESS	Central Romana, La Romana	1.3 STREET ADDRESS	
CITY, ST, ZIP	Dom Republic	1.4 CITY, ST, ZIP	
TITLE	VCV	2.1 TITLE	☐ Change ☐ Addition
NAME	Morales, Clara	2.2 NAME	
STREET ADDRESS	Central Romana, La Romana	2.3 STREET ADDRESS	
CITY, ST, ZIP	Dom Republic	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	Lima, Jeanette G. de M	3.2 NAME	
STREET ADDRESS	Central Romana, La Romana	3.3 STREET ADDRESS	
CITY, ST, ZIP	Dom Republic	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	Renta, Oscar de la	4.2 NAME	
STREET ADDRESS	Central Romana, La Romana	4.3 STREET ADDRESS	
CITY, ST, ZIP	Dom Republic	4.4 CITY, ST, ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	Klock, Joseph P.	5.2 NAME	
STREET ADDRESS	Central Romana, La Romana	5.3 STREET ADDRESS	
CITY, ST, ZIP	Dom Republic	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(b), 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 recorder 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 no additions.

SIGNATURE:  3/24/95 305-856-4234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Number