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Jul 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P36767 (2)  
1. Corporation Name  
PATRONATO BENEFICO ORIENTAL OF THE UNITED STATES, INC.



Principal Place of Business Mailing Address  
% AMERICAS EXPORT 2600 SW 3RD AVE., STE 600 MIAMI FL 33129-2338

3. Date Incorporated or Qualified 12/20/1991  
3a. Date of Last Report 05/21/1996

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

4. FEI Number 52-1273588 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
TAWIL, NICOLAS  
2600 SW 3RD AVE., 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 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 responsibility of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	MENENDEZ, XIOMARA	
STREET ADDRESS	CENTRAL ROMANA, LA ROMA	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	MORALES, CLARA	
STREET ADDRESS	CENTRAL ROMANA, LA ROMA	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIMA, JEANETTE G. DE M	
STREET ADDRESS	CENTRAL ROMANA, LA ROMA	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAWIL, NICHOLAS I	
STREET ADDRESS	CENTRAL ROMANA, LA ROMA	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KLOCK, JOSEPH P	
STREET ADDRESS	4000 SE FINANCIAL CENTER	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: [Signature]

CR2E037 (9/96)