

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36767** (2)

1. Corporation Name
PATRONATO BENEFICO ORIENTAL OF THE UNITED STATES, INC.

Principal Place of Business % AMERICAS EXPORT 2600 SW 3RD AVE., STE 600 MIAMI FL 33129-2338	Mailing Address % AMERICAS EXPORT 2600 SW 3RD AVE., STE 600 MIAMI FL 33129-2338
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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
25	30

3. Date Incorporated or Qualified 12/20/1991
4. FEI Number 52-1273588
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT <input type="checkbox"/> DELETE	1.1 TITLE	Chairman /President/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, XIOMARA	1.2 NAME	Menendez, Xiomara
STREET ADDRESS	CENTRAL ROMANA, LA ROMA	1.3 STREET ADDRESS	Central Romana, La Romana
CITY-ST-ZIP	DOMINICAN REPUBLIC	1.4 CITY-ST-ZIP	Dom-Rep
TITLE	VCV <input type="checkbox"/> DELETE	2.1 TITLE	Vice Chairman/Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, CLARA	2.2 NAME	Martinez-Lima, Jeanette G.
STREET ADDRESS	CENTRAL ROMANA, LA ROMA	2.3 STREET ADDRESS	Central Romana, La Romana
CITY-ST-ZIP	DOMINICAN REPUBLIC	2.4 CITY-ST-ZIP	Dom-Rep
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, JEANETTE G. DE M	3.2 NAME	Klock, Joseph P. Jr.
STREET ADDRESS	CENTRAL ROMANA, LA ROMA	3.3 STREET ADDRESS	4000 SE Financial Center, Miami, FL 33131
CITY-ST-ZIP	DOMINICAN REPUBLIC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Member-Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAWIL, NICHOLAS I	4.2 NAME	Tawil, Nicholas
STREET ADDRESS	CENTRAL ROMANA, LA ROMA	4.3 STREET ADDRESS	c/o 2600 SW Third Avenue, Ste 600
CITY-ST-ZIP	DOMINICAN REPUBLIC	4.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	Member-Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOCK, JOSEPH P	5.2 NAME	Bobadilla, Annie
STREET ADDRESS	4000 SE FINANCIAL CENTER	5.3 STREET ADDRESS	Central Romana, La Romana, Dom Rep
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ 3/11/98

CR2E037 (10/97)