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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P36767

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/20/1991

4. FEI Number

52-1273588

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TAWIL, NICOLA
2600 SW 3RD AVE., SUITE 600
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name **Xiomara Menendez**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Americas Export 2600 SW Third Avenue
Suite 600
83 City **Miami,** **FL** 85 Zip Code **33129**

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]
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	CPTD	<input type="checkbox"/> DELETE
NAME	MENENDEZ, XIOMARA	
STREET ADDRESS	CENTRAL ROMANA, LA ROMA	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	VCVP	<input type="checkbox"/> DELETE
NAME	MARTINEZ-LIMA, JEANETTE G	
STREET ADDRESS	CENTRAL ROMANA, LA ROMA	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KLOCK, JOSEPH P JR	
STREET ADDRESS	4000 SE FINANCIAL CENTER	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAWIL, NICHOLAS I	
STREET ADDRESS	C/O 2600 SW THIRD AVENUE, STE 600	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOBADILLA, ANNIE	
STREET ADDRESS	CETNRAL RAMANA, LA ROMANA	
CITY-ST-ZIP	DOMINICAN RE 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Menendez, Xiomara	
1.3 STREET ADDRESS	Central Romana, La Romana	
1.4 CITY-ST-ZIP	Dominican Republic	
2.1 TITLE	VCVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Martinez-Lima, Jeanette G	
2.3 STREET ADDRESS	Centrla Romana, La Romana	
2.4 CITY-ST-ZIP	Dominican Republic	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Matos, Leonardo	
3.3 STREET ADDRESS	Central Romana, La Romana Dom Rep	
3.4 CITY-ST-ZIP	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	Richiez, Tarcilo	
4.2 NAME	Central Romana, La Romana	
4.3 STREET ADDRESS	Dom Rep	
4.4 CITY-ST-ZIP	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	Molina, Ondina	
5.2 NAME	Central Romana, La Romana	
5.3 STREET ADDRESS	Dom. Rep	
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

(305) 856-4234

Daytime Phone #

CR2E037 (1/98)