See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Hacinas y Padrinos de Cidra, Inc

Number and street (or P.O. box, if mail is not delivered to street address): 13 Calle Palmer — Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Cidra, PR 00739-3325

D Employer identification number: 66-0550151

E Telephone number: 787-739-5950

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	10,520
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b	6b	2,485
	c	Less: direct expenses from gaming and fundraising events — 6c	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,485
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) Interest Banco Popular	8	78
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	13,083
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	7,382
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	490
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	211
	16	Other expenses (describe in Schedule O)	16	5,000
	17	**Total expenses.** Add lines 10 through 16 ▶	17	13,083
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	111,298
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(50,000)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	61,298

5

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		22	
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**		25	
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)		27	

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☑

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X	
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ Puerto Rico			
42a	The organization's books are in care of ▶ Madrinas y Padrinos de Cidra Inc. Telephone no. ▶ 787-739-5950 Located at ▶ Calle Pelner #13 Cidra, PR ZIP + 4 ▶ 00739-3325			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Carmen G. Ellsworth — Signature of officer — Date 9de abril 2015

▶ Carmen G. Ellsworth - President — Type or print name and title — Date 4/9/2015

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Rafael Llera Ortiz		April 9, 2015		P01592417

Firm's name ▶ CPA Rafael Llera Ortiz CFE — Firm's EIN ▶ 66-0776395

Firm's address ▶ 56 Antonio R Barcelo Cidra, PR 00739 — Phone no 787-406-0955

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☒ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)	**Supplemental Information to Form 990 or 990-EZ**	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2014 Open to Public Inspection

Name of the organization: Madrinas y Padrinos de Cidra, Inc.

Employer identification number: 66-0550151

(1) Part I - Revenue Line 8 Other Revenue $78 in interest from Banco Popular

(2) Part I - Expenses Line 10 Grants and similar amounts paid $7,382.89

Noemi Vazquez Martinez	33.00	Ana Padilla	236.76
Francisco Miranda	29.00	Anita Velez	236.75
Julio Rivera	166.89	Olga Ortiz	236.25
Ana Padilla	183.90	Zaida Cortes	125.00
Anita Velez	183.90	Carmen Benitez	250.00
Olga Ortiz	183.90	Carmen Sanchez	125.00
Juana M. Concepcion Perez	800.00	Matilde Rivera	125.00
Jonar Acevedo Cruz	35.00	Magdalia Santiago	125.00
Awildo Rivera	427.00	Justina Gonzalez	100.00
Jonar Acevedo Cruz	97.00	Aida Cotto	25.00
Ivan De Jesus Vazquez	46.00	Maria Sierra	150.00
Hilda Espada	884.22	Angela Garcia	78.00
Carmen Sanchez	240.00	Miguel Lura	217.10
Mercedes Carrasquillo	187.50		$7,382.89
David Estrada	109.22		
José Juan Ramos	427.00		
Miguel Carrasquillo	875.50		
Antonia Medina	150.00		
Carmen Flores	45.00		
Pascuala Torres	250.00		

Name of the organization: Hacheros y Pedreros de Cabo, Inc.

Employer identification number: 66-0550151

(3) Part I Expenses Line 16 Other Expenses $5,000
Two checks made to "Departamento de Hacienda" for $2,500 each
Nature of expense - penalties and other charges

(4) Part I Net Assets Line 20 Other changes in net assets or fund balances (50,000)
Write off of electronic public library

(5) Part V Other Information Line 34
Were any significant changes made to the organizing or governing documents?
Yes, there were three amendments made during the year 2014.
(1) Amendment to the Resident Agent
(2) Amendment to the Articles of Incorporation } see attached
(3) Amendment to the Officials

Estado Libre Asociado de Puerto Rico
DEPARTAMENTO DE ESTADO
San Juan, Puerto Rico

CERTIFICADO DE ENMIENDA

Yo, **DAVID E. BERNIER RIVERA**, Secretario de Estado del Estado Libre Asociado de Puerto Rico,

CERTIFICO: Que el, **11 de abril de 2014**, a las **02:36 p.m., MADRINAS Y PADRINOS DE CIDRA INC**, registro número **29808**, efectuó la siguiente enmienda:

Cambio de Agente Residente

Anterior	**Actual**
TORRES , JUANA M	**ELLSWORTH , CARMEN G.**
BUZON 6502 BO BAYAMON, CIDRA, PR, 00000	**CALLE PALMER # 13, CIDRA, PR, 00739**
13 CALLE SANTIAGO R PALMER, CIDRA, PR, 00739-3325	**CALLE PALMER # 13, CIDRA, PR, 00739**
	mav@vpnet.net
N/A	**(787) 739-5950**

EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **11 de abril de 2014.**

DAVID E. BERNIER RIVERA
Secretario de Estado

Estado Libre Asociado de Puerto Rico
Departamento de Estado

Fecha de la Transacción 11-abr-2014
Núm Registro 29808
Núm Recibo 703050

Estado Libre Asociado de Puerto Rico
Departamento de Estado

Enmienda a los Artículos de Incorporación

29808 - MADRINAS Y PADRINOS DE CIDRA INC

Se adoptó una resolución en la cual consta una(s) enmienda(s) propuesta(s) al Certificado de Incorporación de dicha corporación, consignando la conveniencia de dicha(s) enmienda(s).

RESUÉLVASE, que el Certificado de Incorporación de esta Corporación quede enmendado en el/los siguiente(s) Artículo(s):

Agente Residente

El nombre, dirección física y postal del Agente Residente a cargo de dicha oficina es:

Nombre	**ELLSWORTH , CARMEN G.**
Dirección Física	**CALLE PALMER # 13, CIDRA, PR, 00739**
Dirección Postal	**CALLE PALMER # 13, CIDRA, PR, 00739**
Correo electrónico	**mav@vpnet.net**
Teléfono	**(787) 739-5950**

Documentos de Apoyo

Documento	Fecha de Emisión
Resolución Corporativa	10-abr-2014

DECLARACIÓN BAJO PENA DE PERJURIO

EN TESTIMONIO DE LO CUAL, Yo, ELLSWORTH, CARMEN G. [Otro - PRESIDENTE], el suscribiente, estando autorizado a radicar enmienda(s) para la corporación, juro que los datos contenidos en este certificado con ciertos, hoy, día 11 del mes de abril del año 2014.

Version 1 de Documento, Creado en 11-abr-2014 02 36 p m

Resolución Corporativa

El día 10 del mes de Abril del año 2014 se reunió la Junta de Directores de la Corporación Madrinas y Padrinos de Cidra Inc. con Registro # 29,808 y se acordó lo siguiente:

Artículo Segundo para que lea como sigue:

Que la dirección física y postal de la Oficina Designada será:

Calle Palmer #13	Calle Palmer #13
Cidra, P.R. 00739	Cidra, P.R. 00739

Su nuevo Agente Residente será Carmen G. Ellsworth

con la misma dirección física y postal de la corporación.

En testimonio de lo cual, yo, Carmen G. Ellsworth, el suscribiente, juro que los datos contenidos en este Certificado son ciertos, hoy día 10 del mes de Abril del año 2014.

x Carmen G Ellsworth

Oficial Autorizado

10 de abril del 2014

A: Departamento de Estado
San Juan PR

Sres:

Yo Carmen G Ellsworth , mayor de edad con residencia en el Bo. Sud de Cidra acepto ocupar la posición de Agente Residente de la Corporación MADRINAS Y PADRINOS DE CIDRA, INC, inscrita el 11 de septiembre del 1997 con núm de registro 29808, localizada en el municipio de Cidra con dirección física y postal Calle Santiago R Palmer núm. 13 Cidra, PR 00739-3325.

Carmen G. Ellsworth
Carmen G Ellsworth

Estado Libre Asociado de Puerto Rico
DEPARTAMENTO DE ESTADO
San Juan, Puerto Rico

CERTIFICADO DE ENMIENDA

Yo, **DAVID E. BERNIER RIVERA**, Secretario de Estado del Estado Libre Asociado de Puerto Rico,
CERTIFICO: Que el, **11 de abril de 2014**, a las **02:23 p.m.**, **MADRINAS Y PADRINOS DE CIDRA INC**, registro número **29808**, efectuó la siguiente transacción:

Enmienda a Oficiales

Anterior	Actual
ELLSWORTT, CARMEN G Presidente BO. SUD, CIDRA, PR, 00739	ELLSWORTT, CARMEN G Presidente CALLE PALMER # 13, CIDRA, PR, 00739 CALLE PALMER # 13, CIDRA, PR, 00739 mav@vpnet.net
TORRES, JUANA Secretario(a) PALMER 13, CIDRA, PR, 00739 mav@vpnet.net	FIGUEROA, JUAN A. Tesorero(a) CALLE PALMER # 13, CIDRA, PR, 00739 CALLE PALMER # 13, CIDRA, PR, 00739 mav@vpnet.net
	RESTO, CARMEN Secretario(a) CALLE PALMER # 13, CIDRA, PR, 00739 CALLE PALMER # 13, CIDRA, PR, 00739 mav@vpnet.net

EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **11 de abril de 2014.**

DAVID E. BERNIER RIVERA
Secretario de Estado

Estado Libre Asociado de Puerto Rico
Departamento de Estado

Fecha de la Transacción 11-abr-2014
Núm Registro 29808
Núm Recibo 702960

Estado Libre Asociado de Puerto Rico
Departamento de Estado

Enmienda a los Artículos de Incorporación

29808 - MADRINAS Y PADRINOS DE CIDRA INC

Se adoptó una resolución en la cual consta una(s) enmienda(s) propuesta(s) al Certificado de Incorporación de dicha corporación, consignando la conveniencia de dicha(s) enmienda(s).

RESUÉLVASE, que el Certificado de Incorporación de esta Corporación quede enmendado en el/los siguiente(s) Artículo(s):

Oficiales

El nombre, dirección física y postal y correo electrónico de los oficiales es:

Nombre: **ELLSWORTT, CARMEN G**
Título(s): **Presidente**
Dirección Física: **CALLE PALMER # 13, CIDRA, PR, 00739**
Dirección Postal: **CALLE PALMER # 13, CIDRA, PR, 00739**
Correo Electrónico: **mav@vpnet.net**

Nombre: **FIGUEROA, JUAN A.**
Título(s): **Tesorero(a)**
Dirección Física: **CALLE PALMER # 13, CIDRA, PR, 00739**
Dirección Postal: **CALLE PALMER # 13, CIDRA, PR, 00739**
Correo Electrónico: **mav@vpnet.net**

Nombre: **RESTO, CARMEN**
Título(s): **Secretario(a)**
Dirección Física: **CALLE PALMER # 13, CIDRA, PR, 00739**
Dirección Postal: **CALLE PALMER # 13, CIDRA, PR, 00739**

Correo Electrónico: **mav@vpnet.net**

Documentos de Apoyo

Documento	Fecha de Emisión
Resolución Corporativa	10-abr-2014

DECLARACIÓN BAJO PENA DE PERJURIO

EN TESTIMONIO DE LO CUAL, Yo, ELLSWORTH, CARMEN G. [Dueño], el suscribiente, estando autorizado a radicar enmienda(s) para la corporación, juro que los datos contenidos en este certificado con ciertos, hoy, día 11 del mes de abril del año 2014.

Estado Libre Asociado de Puerto Rico
Commonwealth of Puerto Rico
Departamento de Estado
Department of State

CERTIFICADO DE ENMIENDA DEL CERTIFICADO DE INCORPORACION DE UNA CORPORACION SIN ACCIONES DE CAPITAL
CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF INCORPORATION OF A NON-STOCK CORPORATION

Registro número: 29,808
Registration number:

PRIMERO: Que en una reunión del organismo directivo de _____
First: That in a meeting of the directive body of: Madrinas y Padrinos de Cidra Inc.
debidamente convocada y celebrada, se aprobó una resolución en la cual consta una(s) enmienda(s) propuesta(s) al Certificado de Incorporación de dicha corporación, consignado la conveniencia de dicha(s) enmienda(s), y convocando una reunión de los miembros del cuerpo directivo de dicha corporación para la consideración de la(s) misma(s) La resolución en la cual consta(n) la(s) enmienda(s) propuesta(s) lee como sigue.
duly called and held, a resolution was adopted setting forth(a) proponed amendment(s) to the Certificate of Incorporation of said corporation, declaring said amendment(s) to be advisable and calling a meeting for the members of the directive body of said corporation for consideration thereof. The resolution setting forth the proponed amendment(s) reads as follows:

RESUÉLVASE, que el Certificado de Incorporación de esta corporación quede enmendado en su(s) Artículo(s)
Resolved, that the Certificate of Incorporation of this corporation be attended by changing Article(s) SEXTO: para que éste/estos lea(n) como sigue
so that it/they read(s) as follows.

Que la Nueva Junta de Directores es:
CARMEN G. ELLSWORTH - Presidente
Calle Palmer #13, Cidra, P.R. 00739
JUAN A. FIGUEROA SOLER - TESORERO
Calle Palmer #13, Cidra, P.R. 00739
CARMEN RESTO - SECRETARIA
Calle Palmer #13, Cidra, P.R. 00739

SEGUNDO: Que en fecha no anterior a los quince (15) días o posterior a los sesenta (60) siguientes a la reunión en que se aprobara tal resolución, se celebró una reunión mediante convocatoria que consignó el propósito de la misma en la cual una mayoría (o un número mayor según requerido por el Certificado de Incorporación) de todos los miembros del organismo directivo votaron a favor de la(s) enmienda(s) propuesta(s)
Second: That on a date no earlier that fifteen (15) days or later that Sixty (60) days from the date on which said resolution was approved, a meeting was called and held, upon notice stating the purpose thereof, at which meeting a majority (or greater number as required in the Certificate of Incorporation) of the total number of members of the directive body voted in favor thereof.

Favor de indicar con una "X" la fecha en que la enmienda será efectiva:
Please indicate with an "X" the date on which the amendment will be effective:

X la fecha de radicación
the filing date

____ la siguiente fecha _____ (que no excederá noventa (90) días a partir de la fecha de radicación)
the following date *(which will not exceed ninety (90) days from filing date)*

EN TESTIMONIO DE LO CUAL, Yo, Carmen G. Ellsworth,
el suscribiente, siendo el oficial autorizado de la corporación, juro que los datos contenidos en este certificado son ciertos, hoy, día, 10 del mes de Abril del año 2014.
IN WITNESS WHEREOF, *I,* _____,
the undersigned, *being the authorized officer of the corporation, hereby swear that the facts herein stated in this certificate are true, this* _____ *day of* _____, _____.

x Carmen G. Ellsworth
Firma del Oficial Autorizado
Authorized Officer Signed

Correo electrónico de la entidad */E-mail's entity:* mav@vpnet.net

*Los cambios de oficina designada y los cambios de agente residente conllevarán un costo adicional de $2.00
**Changes of designated office and changes of resident agent will implied an additional cost of $2.00.*
**Sólo corporaciones religiosas, fraternales, benéficas o educativas sin fines de lucro
***Only for any nonprofit religious, fraternal, charitable or educational corporations.*

IMPORTANTE. Según el Artículo 4 de las enmiendas a la Ley de Corps (el Art. 17(c) (15) de la ley). "No se cobrará por el registro de incorporación o enmiendas de cualquier corporación religiosa, fraternal, benéfica o educativa sin fines de lucro."

Cifra de Ingreso
5133 – $1.60
5134 – $2.40