

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 30 AM 10:42

DOCUMENT # **726864 (2)**  
1. Corporation Name  
**MUNICIPIO DE PUERTO PADRE EN EL EXILIO, INC.**

Principal Place of Business Mailing Address  
**405 NW 119 AVE MIAMI FL 33182 US** **405 NW 119 AVE MIAMI FL 33182 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/05/1973** 3a. Date of Last Report **02/10/1994**  
4. FEI Number **59-1987552** 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**  
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 S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **405 NW 119 AVE.** 26 **SAME AS ABOVE**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 **MIAMI FL** 28 **MIAMI FL**  
24 **33182** 25 Country 29 **US** 30 Country

9. Name and Address of Current Registered Agent  
**OCHOA, JOSEPHINE F  
10841 NW 1ST LANE  
MIAMI FL 33172**

10. Name and Address of New Registered Agent  
81 Name **Josephine Fernandez Ochoa**  
82 Street Address (P.O. Box Number is Not Acceptable) **10841 N.W. 1ST LANE**  
83 **MIAMI**  
84 City **MIAMI**  
85 Zip Code **FL 33172**

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 *Josephine M. Ochoa* DATE **3/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ALFREDO	1.2 NAME	<b>Alfredo Fernandez</b>
STREET ADDRESS	405 NW 119 AVE	1.3 STREET ADDRESS	<b>405 NW 119 AVE</b>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<b>MIAMI FL 33182</b>
TITLE	TDSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHOA, JOSEPHINE F	2.2 NAME	<b>Josephine F Ochoa</b>
STREET ADDRESS	10841 NW 1ST LANE	2.3 STREET ADDRESS	<b>10841 N.W. 1ST LANE</b>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<b>MIAMI FL 33172</b>
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRAZA, ISIDRO F.	3.2 NAME	<b>Isidro Pedraza</b>
STREET ADDRESS	741 NAVARRE AVE.	3.3 STREET ADDRESS	<b>741 NAVARRE AVE</b>
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ANGEL	4.2 NAME	<b>Angel Perez</b>
STREET ADDRESS	8480 SW 141 ST	4.3 STREET ADDRESS	<b>8480 SW 141 ST</b>
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	<b>MIAMI FL 33158</b>
TITLE	VS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATALA, PAUL T	5.2 NAME	<b>Antonio Quevedo</b>
STREET ADDRESS	3091 SW 133 CT	5.3 STREET ADDRESS	<b>1321 SW 2nd Street</b>
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	<b>MIAMI FL 33184</b>
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JULIANA	6.2 NAME	<b>JULIANA GONZALEZ</b>
STREET ADDRESS	5415 W 15 CT	6.3 STREET ADDRESS	<b>5415 W 150T</b>
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	<b>HIALEAH FL 33012</b>

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Angel Perez* DATE: **3/26/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ANGEL PEREZ VP** (Title) (Mailing Address)