

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

Mailing Address
**405 NW 119 AVE
MIAMI FL 33182
US**

3. Date Incorporated or Qualified **07/05/1973** 3a. Date of Last Report **03/30/1995**

21. Principal Place of Business SAME	2a. Mailing Address SAME	4. FEI Number 59-1987552	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country	29. Country		
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) **10101 W Okeechobee Rd #10101**
83.
84. City **Hialeah Gardens FL** 85. Zip Code **33016**

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 *Josephine Fernandez Ochoa* DATE **4/17/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	FERNANDEZ, ALFREDO	
STREET ADDRESS	405 NW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/>
NAME	OCHOA, JOSEPHINE F	
STREET ADDRESS	10841 NW 1ST LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/>
NAME	PEDRAZA, ISIDRO F.	
STREET ADDRESS	741 NAVARRE AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/>
NAME	PEREZ, ANGEL	
STREET ADDRESS	8480 SW 141 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/>
NAME	QUEVEDO, ANTONIO	
STREET ADDRESS	13221 SW 2ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/>
NAME	GONZALEZ, JULIANA	
STREET ADDRESS	5415 W 15 CT	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Fernandez, Alfredo		
1.3 STREET ADDRESS	405 NW 119 AVE		
1.4 CITY-ST-ZIP	MIAMI FL		
2.1 TITLE	SD	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Ochoa, Josephine Fernandez		
2.3 STREET ADDRESS	10101 W Okeechobee Rd #10101		
2.4 CITY-ST-ZIP	Hialeah Gardens, FL 33016		
3.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Pedraza, Isidro F		
3.3 STREET ADDRESS	741 Navarre Ave		
3.4 CITY-ST-ZIP	Coral Gables FL		
4.1 TITLE	VP	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Perez, Angel		
4.3 STREET ADDRESS	8480 SW 141 St		
4.4 CITY-ST-ZIP	Miami FL		
5.1 TITLE	VS	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Quevedo, Antonio		
5.3 STREET ADDRESS	13221 SW 2nd St		
5.4 CITY-ST-ZIP	Miami FL		
6.1 TITLE	VT	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Gonzalez, Juliana		
6.3 STREET ADDRESS	5415 W 15 Ct		
6.4 CITY-ST-ZIP	Hialeah FL		

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alfredo Fernandez* DATE: **4/15/96** 305-211-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)