

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 | | |
| 4. FEI Number 59-1987552 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |

| | | | |
|--|---|-------------------------|-------------------------|
| 2. Principal Place of Business 21 5505 NW 7 ST Suite, Apt. #, etc. 22 416-W City & State 23 Miami FL Zip 24 33126 | 2a. Mailing Address 26 5505 NW 7 ST Suite, Apt. #, etc. 27 416-W City & State 28 Miami FL Zip 29 33126 | Country 25 US | Country 30 US |
|--|---|-------------------------|-------------------------|

| | |
|---|---------------------------------------|
| 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

**GONZALEZ, JOSE
1523 SW 142 AVE
MIAMI FL 33184**

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 |

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: *Jose Gonzalez* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FERNANDEZ, ALFREDO | |
| STREET ADDRESS | 405 NW 119 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | JOSE, GONZALEZ | |
| STREET ADDRESS | 1523 SW 142 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | PEDRAZA, ISIDRO F. | |
| STREET ADDRESS | 741 NAVARRE AVE. | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | PEREZ, ANGEL | |
| STREET ADDRESS | 8480 SW 141 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | QUEVEDO, ANTONIO | |
| STREET ADDRESS | 13221 SW 2ND ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | GONZALEZ, JULIANA | |
| STREET ADDRESS | 5415 W 15 CT | |
| CITY-ST-ZIP | HIALEAH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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.

SIGNATURE: *Jose Gonzalez* 3-15-98 305-461-0436

CF2E037 (10/97)