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**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90173 021 \*\*\*\*61.25

00262036

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 726864

1. Corporation Name  
**MUNICIPIO DE PUERTO PADRE EN EL EXILIO, INC.**

Principal Place of Business  
 5505 NW 7 STREET  
 416-W  
 MIAMI FL 33126  
 US

Mailing Address  
 5505 NW 7 STREET  
 416-W  
 MIAMI FL 33126  
 US

506409 - 90173 - 21



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1987552	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

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 **SERAFIN FUENTE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**132 44 SW 29 TERR**  
 83  
 84 City **MIAMI** FL 85 Zip Code **33175**

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]* DATE **4/30/99**

(NOTE: Registered Agent signature required when reinstating)

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	
STREET ADDRESS	405 NW 119 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE, GONZALEZ	2.2 NAME	
STREET ADDRESS	1523 SW 142 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRAZA, ISIDRO F.	3.2 NAME	
STREET ADDRESS	741 NAVARRE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ANGEL	4.2 NAME	
STREET ADDRESS	8480 SW 141 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUEVEDO, ANTONIO	5.2 NAME	
STREET ADDRESS	13221 SW 2ND ST	5.3 STREET ADDRESS	<b>VS RAFAEL TUR</b>
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	<b>M 306 SW 90TER</b>
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, JULIANA	6.2 NAME	<b>VS SERAFIN FUENTE</b>
STREET ADDRESS	5415 W 15 CT	6.3 STREET ADDRESS	<b>132 44 SW 29 TERR</b>
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	<b>MIAMI</b>

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]* DATE **4/30/99** Daytime Phone # **305-220-5077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)