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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **746843** **(2)**

1. Corporation Name

MUNICIPALITY OF GUANE IN EXILE, INC.

Principal Place of Business	Mailing Address
1917 S.W. 21ST TERR. MIAMI FL 33145	1917 S.W. 21ST TERR. MIAMI FL 33145-2611

3. Date Incorporated or Qualified: **04/23/1979**
3a. Date of Last Report: **02/13/1996**

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: **NOT APPLICABLE** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PINON, ORFILIO
1917 S.W. 21ST TERR.
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLORES, LEONILA		1.2 NAME		
STREET ADDRESS	12200 SW 4TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	INVIERNO, CELEDONIO		2.2 NAME		
STREET ADDRESS	493 E. 30 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PINON, ORFILIO		3.2 NAME		
STREET ADDRESS	1917 S.W. 21ST TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		3.4 CITY-ST-ZIP		
TITLE	P.P.	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	INVIERNO CELEDONIO.		4.2 NAME		
STREET ADDRESS	493 E. 30 ST. HIALEAH, FL.		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE SD	VIC. PAULA NERIDA.	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	2841 SW 120 RD.		5.2 NAME		
STREET ADDRESS	MIAMI, FL.		5.3 STREET ADDRESS	600002097976 -02/26/97--01009--019	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	61.25	VB 2-25
TITLE T.D.P.	PINON ORFILIO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1917 SW. 21 ST. TERR.		6.2 NAME		
STREET ADDRESS	MIA. FL. 33145.		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: [signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #