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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 746843

1. Corporation Name

MUNICIPALITY OF GUANE IN EXILE, INC.

Principal Place of Business

1917 S.W. 21ST TERR.
MIAMI FL 33145

Mailing Address

1917 S.W. 21ST TERR.
MIAMI FL 33145



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/23/1979

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME INVIERNO, CELEDONIO
STREET ADDRESS 493 E. 30 ST.
CITY-ST-ZIP HIALEAH FL

TITLE TD ☐ DELETE
NAME PINON, ORFILIO
STREET ADDRESS 1917 S.W. 21ST TERRACE
CITY-ST-ZIP MIAMI FL 33145

TITLE SD ☐ DELETE
NAME NERIDA, PAULA
STREET ADDRESS 2841 SW 120 RD
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME **FEDERICO CRUZ**
1.3 STREET ADDRESS **11443 SW 7TH**
1.4 CITY-ST-ZIP **MIAMI FLA. 33174**

2.1 TITLE TD ☐ Change ☐ Addition
2.2 NAME **ORFILIO PINON**
2.3 STREET ADDRESS **2151 SW 21ST**
2.4 CITY-ST-ZIP **MIAMI FLA. 33145**

3.1 TITLE SD ☐ Change ☐ Addition
3.2 NAME **NERIDA, PAULA**
3.3 STREET ADDRESS **2841 SW 120 RD**
3.4 CITY-ST-ZIP **MIAMI FLA.**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99 305-8583594

CR2E037 (1/98)