

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
1995 MAY -1 PM 5:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N09829 (5)**  
1. Corporation Name  
**MUNICIPIO DE BATABANO EN EL EXILIO, INC.**

Principal Place of Business Mailing Address  
**560 N.W. 59TH AVE. MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/08/1985</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>59-2614856</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**MEDINA, MANUEL**  
**560 N.W. 59TH AVE.**  
**MIAMI FL 33126**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and the 4 applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINTERO, JESUS
STREET ADDRESS	7389 S. WATER WAY DR.
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	ASPUEN, REINALDO
STREET ADDRESS	1555 W. 44TH PLACE #111
CITY - ST - ZIP	HALEAH FL
TITLE	VD
NAME	QUINTERO, MARIA
STREET ADDRESS	7389 S. WATERWAY DR.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	GUTIERREZ, OSVALDO
STREET ADDRESS	101 N.W. 32 PL.
CITY - ST - ZIP	MIAMI FL 33125
TITLE	TD
NAME	MEDINA, MANUEL
STREET ADDRESS	560 NW 59TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MEDINA MANUEL	
13 STREET ADDRESS	560 NW 59 AVE	
14 CITY - ST - ZIP	MIAMI FL 33126	
21 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ASPUEN, REINALDO	
23 STREET ADDRESS	1555 W. 44TH PLACE #111	
24 CITY - ST - ZIP	HALEAH FL 33012	
31 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MARIA QUINTERO	
33 STREET ADDRESS	7389 S. WATERWAY DR.	
34 CITY - ST - ZIP	MIAMI FL 33137	
41 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	GUTIERREZ, OSVALDO	
43 STREET ADDRESS	101 NW 32 PL.	
44 CITY - ST - ZIP	MIAMI FL 33125	
51 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	JESUS QUINTERO	
53 STREET ADDRESS	7389 S. WATERWAY DR.	
54 CITY - ST - ZIP	MIAMI FL 33137	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	900	600001432956
63 STREET ADDRESS	5-1-95	-05/18/95--01012--021
64 CITY - ST - ZIP		****130.00 ****130.00

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 110.07(3)(g), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Manuel Medina  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 26-3328  
Date Daytime / Even #