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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

560 N.W. 59TH AVE.
MIAMI FL 33126

3. Date Incorporated or Qualified

06/08/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEDINA, MANUEL
560 N.W. 59TH AVE.
MIAMI FL 33126

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD MEDINA, MANUEL**
STREET ADDRESS **560 N.W. 59TH AVE.**
CITY - ST - ZIP **MIAMI FL 33126**

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

TITLE DELETE
NAME **VD ASPURN, REINALDO**
STREET ADDRESS **1555 W. 44TH PLACE #111**
CITY - ST - ZIP **HIALEAH FL 33012**

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE DELETE
NAME **VD QUINTERO, MARIA**
STREET ADDRESS **7389 S. WATERWAY DR.**
CITY - ST - ZIP **MIAMI FL 33155**

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE DELETE
NAME **SD GUTIERREZ, OSVALDO**
STREET ADDRESS **101 N.W. 32 PL.**
CITY - ST - ZIP **MIAMI FL 33125**

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE DELETE
NAME **TD QUINTERO, JESUS**
STREET ADDRESS **7389 S. WATERWAY DR.**
CITY - ST - ZIP **MIAMI FL 33155**

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

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 119.07(3)(k), 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: *Manuel Medina* *Manuel Medina* *President* 3-28-96 261-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)