

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746843

Entity Name: MUNICIPALITY OF GUANE IN EXILE, INC.**Current Principal Place of Business:**3620 SW 60 AVENUE
MIAMI, FL 33155**Current Mailing Address:**3620 SW 60 AVENUE
MIAMI, FL 33155**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUAREZ, ANTONIO ETREASUR
3620 SW 60 AVENUE
MIAMI, FL 33155 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	FLORES, LEONILA P
Address	1525 TREVINO AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	S
Name	YUT, PAULA NS
Address	8811 FOUNTAINBLEAU BLVD. #203
City-State-Zip:	MIAMI FL 33172

Title	VP
Name	INVIERNO, CELEDONIO VP
Address	493 EAST 30 ST
City-State-Zip:	HIALEAH FL 33013

Title	T
Name	SUAREZ, ANTONIO ET
Address	3620 SW 60 AVENUE
City-State-Zip:	MIAMI FL 33155

Title	VS
Name	CRUZ, FEDERICO VS
Address	11443 SW 7 TERRACE
City-State-Zip:	MIAMI FL 33174

Title	VT
Name	MARTIN, ALFREDO VT
Address	3425 SW 78 CT.
City-State-Zip:	MIAMI FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUAREZ, ANTONIO E.

T

05/01/2013

Electronic Signature of Signing Officer/Director Detail_____
Date