

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14264

**Entity Name:** MUNICIPALITY OF CAMAGUEY IN THE EXILE CORPORATION  
(MUNICIPIO DE CAMAGUEY EN EL EXILO CORPORATION)

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**4711866262CC**

**Current Principal Place of Business:**

10215 SW 91 TERRACE  
MIAMI, FL 33176

**Current Mailing Address:**

PO BOX 441915  
MIAMI, FL 33144 US

**FEI Number: 59-2727232**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ORDAZ, ISABEL  
12810 SW 43 DR 117B  
MIAMI, FL 33175 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            PRESIDENT  
Name            LORET DE MOLA, MARIANO  
Address        1025 SW 91 TERR  
City-State-Zip: MIAMI FL 33176

Title            VP  
Name            ZALDIVAR, EIDITA C  
Address        10215 SW 21 TERRACE  
City-State-Zip: MIAMI FL 33165

Title            DS  
Name            BETANCOURT SANZ, ULISES  
Address        1121 SW 122 AVENUE #315  
City-State-Zip: MIAMI FL 33184

Title            DT  
Name            ORDAZ, ISABEL  
Address        12810 SW 43RD DR. #117B  
City-State-Zip: MIAMI FL 33175

Title            VP  
Name            GONZALEZ, EUGENIO  
Address        6111 SW 14 ST  
City-State-Zip: MIAMI FL 33144

*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: MARIANO LORET DE MOLA**

**PRESIDENT**

**01/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date