

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717901** (3)

1. Corporation Name
MUNICIPIO DE GUANTANAMO EN EL EXILIO

Principal Place of Business 1951 S.W. 62 AVE. W. MIAMI FL 33155	Mailing Address P.O. BOX 351315 RIVERSIDE STATION 129 MIAMI FL 33135
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3. Date Incorporated or Qualified 01/15/1970	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number 59-6209526	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**TUDELA, MIGUEL A
1951 SW 62ND AVE.
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

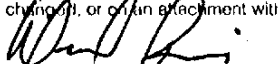
12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VISO, JOHNNY	
STREET ADDRESS	3470 S.W. 113 PL.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TUDELA, MIGUEL A	
STREET ADDRESS	1951 S.W. 62 AVE.	
CITY-ST-ZIP	W. MIAMI FL 33155	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DE LA LLANA, BENJAMIN	
STREET ADDRESS	10170 SW 28 ST.	
CITY-ST-ZIP	MAIMI FL 33165	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SALAS, MIGUEL	
STREET ADDRESS	2050 N.W. 16 TRR. #109 E	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MANUEL PRIERES	
1.3 STREET ADDRESS	9910 SW 45 ST	
1.4 CITY-ST-ZIP	MIAMI FL 33165	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHNNY VISO	
2.3 STREET ADDRESS	3470 S.W. 113 PL	
2.4 CITY-ST-ZIP	MIAMI, FL 33165	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAMON RODRIGUEZ	
3.3 STREET ADDRESS	12401 W. OKEECHOBEE NO 131	
3.4 CITY-ST-ZIP	HIALEAH GARDEN, FL 33012	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIGUEL A. TUDELA	
4.3 STREET ADDRESS	1951 S.W. 62 AVE.	
4.4 CITY-ST-ZIP	W. MIAMI, FL 33155	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **MANUEL PRIERES**

FEB. 12 - 1998

Date

Daytime Phone # 00000000

CR2E037 (1097)