

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$41.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$239.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717901

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

APPROVED
AND
FILED

99 OCT 26 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



8-3-99 90006 019

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/15/1970
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-6209526
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

8. 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	

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL PRIERES	1.2 NAME	
STREET ADDRESS	9910 SW 45TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNNY VISO	2.2 NAME	
STREET ADDRESS	3470 SW 113TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON RODRIQUEZ	3.2 NAME	
STREET ADDRESS	12401 W OKEECHOBEE #131	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GONS FL 33012	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL A TUDELA	4.2 NAME	
STREET ADDRESS	1951 SW 62ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W MIAMI FL 33155	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 117, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE REQUIRED

[Signature] 7/13/99

Date Daytime Phone #