

3-28-97 B-3750 C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **728845** (9)
1. Corporation Name
ASOCIACION DE MANZANILLEROS EN EL EXILIO, INC.

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|---|---|
| Principal Place of Business P.O. BOX 654453 MIAMI FL 33265-4453 | Mailing Address P.O. BOX 654453 MIAMI FL 33265-4453 |
|---|---|



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|---|--|--|--|--|--|
| 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 | | 3. Date Incorporated or Qualified 02/13/1974 | 3a. Date of Last Report 03/18/1996 |
| | | | | 4. FEI Number 65-0219040 | Applied For <input type="checkbox"/> Not Applicable |
| | | | | 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 |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent ARTIME, CARMEN M 6180 SW 10 STR MIAMI FL 33144 | | | | 10. Name and Address of New Registered Agent 81 Name BERNARDO UTSET 82 Street Address (P.O. Box Number is Not Acceptable) 13372 S.W. 26 TERR 83 84 City MIAMI FL 85 Zip Code 33175 | |
|--|--|--|--|---|--|

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 *Bernardo Utset* **BERNARDO UTSET-PRESIDENT** **3/24/97**
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 | PD | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROS, FELIPE | | | 1.2 NAME | BERNARDO UTSET | | |
| STREET ADDRESS | 2721 SW 128TH AVE. | | | 1.3 STREET ADDRESS | 13372 SW 26 TERR | | |
| CITY-ST-ZIP | MIAMI FL | | | 1.4 CITY-ST-ZIP | MIAMI, FL, 33175 | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ESCOBAR, MARIO | | | 2.2 NAME | RICARDO GONZALEZ | | |
| STREET ADDRESS | 511 SW 9 AVE APT 1 | | | 2.3 STREET ADDRESS | 7810 N.W. 189TH STREET | | |
| CITY-ST-ZIP | MIAMI FL | | | 2.4 CITY-ST-ZIP | MIAMI, FL 33015 | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ARTIME, CARMEN M | | | 3.2 NAME | NALIA MUNIZ | | |
| STREET ADDRESS | 6180 SW 10 STR | | | 3.3 STREET ADDRESS | 1615 SW 137 PL. | | |
| CITY-ST-ZIP | MIAMI FL | | | 3.4 CITY-ST-ZIP | MIAMI, FL 33175 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 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 do 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: *Bernardo Utset* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034143

CR2E037 (9/96)