FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

ASOCIACION DE MANZANILLEROS EN EL EXILIO, INC.

		<u> </u>
Principal Place of Business	Malling Address	
P.O. BOX 654453 MIAMI FL 33265-4453	P.O. BOX 654453 Miami Fl 33265-4453	. خامان و
2. Principal Place of Business	2a. Malling Address	1
21	26	<u></u>
Suite Ant # etc	Suite, Apt. #, etc.	1

FILED Feb 12 1998 8:00am Secretary of State



					,				
		P.O. BOX 654453 MIAMI FL 33265-4453		شو د الفطاعي و	3. Date Incorporated or Qualified				
M.L.	AMI FL 33265-4453	MIRMI FL 33205-4433				02/13/1974			
						4. FEI Number	T	Applied For	
			T			65-02 19040		Not Applicable	
2.	Principal Place of Business	2e. Mailing Address 26				5. Certificate of Status Desired	,	75 Additional se Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association? Yes No				
14	Zip Country 25	Zip 29	Cour	ntry		8. This corporation owes or has paid the current Personal Property Tax due June 30.		ar Intangible	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81	Name				
UTSET, BERNARDO 13372 SW 26 TERR			82	Street Addres	ss (P.O. Box Number is Not Acceptable)				
	MIAMI FL 33175			83					
			ſ	84	City	FL ⁽	85	Zip Code	
44	Diversion to the previous of Continue 617 050	and 617 1509 Etorida Status	toe the at	20140	-named corno	ration cultimite this statement for the nurnose of of	18DC	no 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							
		agistered Agent aignature required when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	Change Addition				
NAME	utset, Bernardo	1.2 NAME	•				
STREET ADDRESS	13372 SW 26 TERR	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	1.4 City-St-ZiP					
TITLE	VD DELETE	2.1 TITLE	Change Addition				
NAME	GONZALEZ, RICARDO	2.2 NAME					
STREET ADDRESS	7810 NW 189TH ST	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP					
TITLE	SD DELETE	3.1 TITLE	Change Addition				
NAME	MUNIZ, NELIA	3.2 NAME					
STREET ADDRESS	1615 SW 137 PLACE	3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME	•	4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS	·				
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	☐ Change ☐ AddItion				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					

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.

2/5/98

(305) 552-9692