

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90063 015 ****61.25

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1. Entity Name
ASOCIACION DE MANZANILLEROS EN EL EXILIO, INC.



Principal Place of Business

P.O. BOX 654453
MIAMI, FL 33265-4453

Mailing Address

P.O. BOX 654453
MIAMI, FL 33265-4453

24026081



02012004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-0219040

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UTSET, BERNARDO
13838 SW 38ST
MIAMI, FL 33175

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME UTSET, BERNARDO
STREET ADDRESS 13838 S W 38ST
CITY-ST-ZIP MIAMI, FL 33175

TITLE VD
NAME GONZALEZ, RICARDO
STREET ADDRESS 7810 NW 189TH ST
CITY-ST-ZIP MIAMI, FL 33015

TITLE SD
NAME MUNIZ, NELIA
STREET ADDRESS 1615 SW 137 PLACE
CITY-ST-ZIP MIAMI, FL

TITLE T
NAME CURI, JENNY
STREET ADDRESS 18798 NW 78 PL
CITY-ST-ZIP MIAMI, FL 33015

TITLE VT
NAME BERTOT, RAMIRO R
STREET ADDRESS 9920 S.W. 22 ST
CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #