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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:47

DOCUMENT # **750529** (0)  
1. Corporation Name  
**MUNICIPIO DE MARIANAO EN EL EXILIO, INCORPORATED**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**25430 SW 126 CT.  
PRINCETON FL 33032** **25430 SW 126 CT.  
PRINCETON FL 33032**

3. Date Incorporated or Qualified <b>01/09/1980</b>	3a. Date of Last Report <b>03/24/1994</b>
4. FBI Number <b>59-1979516</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**LLACA, ZENIA G.  
6071 SW 114 CT  
MIAMI FL 33173**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	VTD
NAME	GAMERO, ZENIA
STREET ADDRESS	25430 SW 126TH CT
CITY-ST-ZIP	PRINCETON, FL 00000
TITLE	SD
NAME	BUENO, EMILLIA
STREET ADDRESS	1810 W. 56TH ST. #3212
CITY-ST-ZIP	HIALEAH FL
TITLE	PD
NAME	MACHADO, OLGA
STREET ADDRESS	1810 W 56 ST #3212
CITY-ST-ZIP	HIALEAH FL
TITLE	TD
NAME	GAMERO, ANTONIO
STREET ADDRESS	25430 SW 126 CT
CITY-ST-ZIP	PRINCETON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GAMERO, ZENIA	
1.3 STREET ADDRESS	25430 S.W., 126 COURT	
1.4 CITY-ST-ZIP	PRINCETON, FL 33032	
2.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUENO, EMILLIA	
2.3 STREET ADDRESS	1810 W., 56th ST., #3212	
2.4 CITY-ST-ZIP	HIALEAH, FL 33012	
3.1 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MACHADO, OLGA	
3.3 STREET ADDRESS	1810 W., 56th ST., #3212	
3.4 CITY-ST-ZIP	HIALEAH, FL 33012	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: Antonio Gamero ANTONIO GAMERO, TREASURER MARCH 5, 1995 (305)258-4017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)