

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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 3a. Date of Last Report
01/09/1980 **03/22/1995**
4. FEI Number Applied For
59-1979516 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 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 FL 85 Zip Code

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 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 NAME STREET ADDRESS CITY-ST-ZIP DELETE
1.1 TITLE **SDX** **GAMERO, ZENIA** **25430 SW 126TH CT** **PRINCETON, FL 00000**
1.2 NAME **PDX** **BUENO, EMILLIA** **1810 W. 56TH ST. #3212** **HIALEAH FL**
1.3 STREET ADDRESS **VPD** **MACHADO, OLGA** **1810 W 56 ST #3212** **HIALEAH FL**
1.4 CITY-ST-ZIP **TD** **GAMERO, ANTONIO** **25430 SW 126 CT** **PRINCETON, FL.**
2.1 TITLE DELETE
2.2 NAME DELETE
2.3 STREET ADDRESS DELETE
2.4 CITY-ST-ZIP DELETE
3.1 TITLE DELETE
3.2 NAME DELETE
3.3 STREET ADDRESS DELETE
3.4 CITY-ST-ZIP DELETE
4.1 TITLE DELETE
4.2 NAME DELETE
4.3 STREET ADDRESS DELETE
4.4 CITY-ST-ZIP DELETE
5.1 TITLE DELETE
5.2 NAME DELETE
5.3 STREET ADDRESS DELETE
5.4 CITY-ST-ZIP DELETE
6.1 TITLE DELETE
6.2 NAME DELETE
6.3 STREET ADDRESS DELETE
6.4 CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PRESIDENT / DIRECTOR** Change Addition
1.2 NAME **ZENIA GAMERO**
1.3 STREET ADDRESS **25430 S.W., 126 COURT**
1.4 CITY-ST-ZIP **PRINCETON, FL 33032**
2.1 TITLE **VICE PRESIDENT / DIRECTOR** Change Addition
2.2 NAME **EMILIA BUENO**
2.3 STREET ADDRESS **1810 W., 56th ST., #3212**
2.4 CITY-ST-ZIP **HIALEAH, FL**
3.1 TITLE **SECRETARY / DIRECTOR** Change Addition
3.2 NAME **ARMANDO GONZALEZ VERA**
3.3 STREET ADDRESS **257 N.W., 65 AVENUE**
3.4 CITY-ST-ZIP **MIAMI, FL 33126**
4.1 TITLE Change Addition
4.2 NAME Change Addition
4.3 STREET ADDRESS Change Addition
4.4 CITY-ST-ZIP Change Addition
5.1 TITLE **500001740335**
5.2 NAME **-03/12/96--01176--008**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP Change Addition
6.1 TITLE Change Addition
6.2 NAME Change Addition
6.3 STREET ADDRESS Change Addition
6.4 CITY-ST-ZIP Change Addition

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 119.07(3)(k), 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** **FEBRUARY 15, 1996** 305-258-4017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)

3/2/96