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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767125 (8)

1. Corporation Name

MUNICIPIO DE HOLGUIN EN EL EXILIO, ORIENTE, CUBA, INC.

Principal Place of Business	Mailing Address
C/O EMILIO OCHOA 3300 S. DIXIE HIGHWAY #506 MIAMI FL 33133	C/O EMILIO OCHOA 3300 S. DIXIE HIGHWAY #506 MIAMI FL 33133

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

9. Name and Address of Current Registered Agent

OCHOA, ONELIA
3300 S. DIXIE HIGHWAY #506
MIAMI FL 33133

3. Date Incorporated or Qualified
02/23/1983

4. FEI Number
26-5844453

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OCHOA, ONELIA	1.2 NAME	<i>Gerardo Infante</i>
STREET ADDRESS	3020 N.W. 16TH STREET	1.3 STREET ADDRESS	<i>Presidente</i>
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD MANSFERRER, RODOLFO	2.2 NAME	<i>Gerardo Infante</i>
STREET ADDRESS	11108 S.W. 70TH TERRACE	2.3 STREET ADDRESS	<i>Presidente</i>
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROJAS, LUIS FELIPE	3.2 NAME	<i>Gerardo Infante</i>
STREET ADDRESS	6775 S.W. 27 STREET	3.3 STREET ADDRESS	<i>Presidente</i>
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD FUENTES ROCA, LEOPOLDO	4.2 NAME	<i>Gerardo Infante</i>
STREET ADDRESS	2975 S.W. 79TH AVENUE	4.3 STREET ADDRESS	<i>Presidente</i>
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP PASEIRO, ANDRES	5.2 NAME	<i>Gerardo Infante</i>
STREET ADDRESS	1901 S.W. 131ST PLACE	5.3 STREET ADDRESS	<i>Presidente</i>
CITY-ST-ZIP	MIAMI FL 33175	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D OCHOA, EMILIO	6.2 NAME	<i>Gerardo Infante</i>
STREET ADDRESS	3300 S. DIXIE HWY., #506	6.3 STREET ADDRESS	<i>Presidente</i>
CITY-ST-ZIP	MIAMI FL 33133	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *(Onelia) Ochoa* **2-7-98**

CP2E037 (10/97)