

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 770524 (7)
1. Corporation Name
**MUNICIPIO DE SAN ANTONIO DE LAS VUELTAS EN EL EX
ILIO, INC.**

| | |
|---|--|
| Principal Place of Business 2393 CORAL WAY MIAMI FL 33145 | Mailing Address 2393 CORAL WAY MIAMI FL 33145 US |
|---|--|

3. Date Incorporated or Qualified

09/30/1983

4. FEI Number

59-2362265

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALOMINO, RAMON
2393 CORAL WAY
MIAMI FL 33145**

| |
|---|
| 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 | <input type="checkbox"/> DELETE |
| NAME | D PALOMINO, RAMON |
| STREET ADDRESS | 2393 CORAL WAY |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VPT GONDALEZ, VALENTIN |
| STREET ADDRESS | 2530 SW 14TH ST |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | T CARABALLO, RAQUEL |
| STREET ADDRESS | 2314 SW 23 TERR. |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | TS RUBINES, MARIA A |
| STREET ADDRESS | 21301 NW 40TH CT |
| CITY-ST-ZIP | CORAL CITY FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | TVS AMARGOS, ELDA-GARCIA |
| STREET ADDRESS | 2820 SW 114TH AVE |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 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:

Ramon Palomino President

4-26-98

CR2E037 (10/97)