

FILE NOW: FILING FEE IS \$61.25

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Mar 27 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 # **N10349** (1)

MUNICIPIO DE NUEVITAS EN EL EXILIO INC.



Principal Place of Business 4590 WEST 9 COURT HIALEAH FL 33012	Mailing Address 2960 SW 25TH STREET MIAMI FL 33133
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3. Date Incorporated or Qualified 07/17/1985
4. FEI Number 59-2761871
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 1324 W. 40th Street	2a. Mailing Address 4590 W. 9th Ct
Suite, Apt. #, etc. N/a	Suite, Apt. #, etc. N/a
City & State Hialeah, Fl.	City & State Hialeah, Fl.
Zip 33012	Country U.S.A.
Zip 33012	Country Miami-Dade

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EDELMAN, MEDINA 4590 WEST 9 COURT HIALEAH FL 33012	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 *Edelman Medina* **EDELMAN MEDINA** **3-7-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUJICA, ALFREDO		1.2 NAME Alberto J. Perozo	
STREET ADDRESS 2802 NW 15 ST.		1.3 STREET ADDRESS 1324 W 40th Street	
CITY-ST-ZIP MIAMI FL 33125		1.4 CITY-ST-ZIP Hialeah, Fl. 33012	
TITLE V/D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice-President V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEROZO, ALBERTO J.		2.2 NAME Ricardo Sanchez	
STREET ADDRESS 4880 WEST 13 LANE, APT. 417		2.3 STREET ADDRESS 41 N.W. 59 Ct.	
CITY-ST-ZIP HIALEAH FL 33012		2.4 CITY-ST-ZIP Miami, Fl. 33126	
TITLE S/D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Secretary S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GODOY, MIRTHA		3.2 NAME Julia Estrada	
STREET ADDRESS 7009 SW 21 ST.		3.3 STREET ADDRESS 2960 S.W. 25th Street	
CITY-ST-ZIP MIAMI FL 33133		3.4 CITY-ST-ZIP Miami, Fl. 33133	
TITLE T/D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDELMAN, MEDINA		4.2 NAME	
STREET ADDRESS 4590 WEST 9 COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP HIALEAH FL 33012		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Guaranty* **3/7/98** **305** **312-11377**

CR2E037 (10/97)