

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90048 032 ****70.00

DOCUMENT # N 14796

1. Corporation Name

MUNICIPALITIES TRUST FUND CORPORATION

Principal Place of Business

Mailing Address

4600 N.W. 7TH STREET
MIAMI, FL. 33126

2. Principal Place of Business

2a. Mailing Address

21 4600 N.W. 7TH STREET

26 1951 SW 62TH AVE

3. Date Incorporated or Qualified

05-07-1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2802715

Applied For

Not Applicable

City & State

23 MIAMI FLORIDA

City & State

28 WEST MIAMI, FL.

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

Zip

Country

24 33126 25 USA

Zip

Country

29 33155 30 USA

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAS R. HERNANDEZ PARDO
3162 VILLAGE GREEN DR.
MIAMI, FL. 33165
4600 N.W. 7TH STREET, MIAMI FL 33126

81 Name

MIGUEL A. TUDELA

82 Street Address (P.O. Box Number is Not Acceptable)

1951 SW 62TH AVE.

83

84 City

WEST MIAMI

FL

85 Zip Code

33155

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

MIGUEL A. TUDELA

5-12-1999

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	SD DESIDERIO PERDOMO <input checked="" type="checkbox"/> DELETE
NAME	6401 SW 106 AVE.
STREET ADDRESS	MIAMI FL. 33123
CITY-ST-ZIP	
TITLE	CHARLES MARTINEZ <input checked="" type="checkbox"/> DELETE
NAME	10114 SW 20TH AVE.
STREET ADDRESS	MIAMI, FL. 33165
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PMIGUEL A. TUDELA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1951 SW 62TH AVE.
1.3 STREET ADDRESS	WEST MIAMI, FL. 33155
1.4 CITY-ST-ZIP	
2.1 TITLE	V-NELY HURTADO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	290 E. 39TH STREET
2.3 STREET ADDRESS	MIAMI, FL. 33133
2.4 CITY-ST-ZIP	
3.1 TITLE	DR. BLAS R. HERNANDEZ PARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3162 VILLAGE GREEN DRIVE
3.3 STREET ADDRESS	MIAMI, FL. 33165
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, with all other like empowered.

SIGNATURE: MIGUEL A. TUDELA 5/12/99 305-4851545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)