FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30903** **(1)**

1. Corporation Name

PROVINCIA DE PINAR DEL RIO EN EL EXILIO, CORP.

Principal Place of Business	Mailing Address
1781 N.W. 16TH TERRACE C/O JUAN R. GONZALEZ MIAMI FL 33125	PO BOX 35-0815 C/O JUAN R. GONZALEZ MIAMI FL 33135-0815 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0268987 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GONZALEZ, JUAN R.
1781 N.W. 16TH TERRACE
MIAMI FL 33125

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 04/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~LAZARO, PRUNEDA~~	1.2 NAME	MARIA LUISA ABREU	
STREET ADDRESS	~~2155 NW 6ST / STE. 2~~	1.3 STREET ADDRESS	3446 S.W. 14 STREET	
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI, FL. 33145	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~TRAVIESO, ANGEL~~	2.2 NAME	ATANASIO DE LA CRUZ	
STREET ADDRESS	~~1105 SW 10 ST / STE. 9A~~	2.3 STREET ADDRESS	266 E. 16 STREET	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	HIALEAH , FL. 33010	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~DIAZ, MIRTHA~~	3.2 NAME	LAZARO PRUNEDA	
STREET ADDRESS	~~8900 FONTAINBLEU BLVD / STE. 800~~	3.3 STREET ADDRESS	2155 NW 6 ST./STE.2	
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	MIAMI, FL. 33125	
TITLE	SD	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	CABRERA, CARLOS	4.2 NAME	CABRERA, CARLOS	
STREET ADDRESS	520 NW 17 AVE	4.3 STREET ADDRESS	520 NW 17 AVE	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33125	
TITLE	TD	5.1 TITLE	TD	☐ Change ☐ Addition
NAME	GONZALEZ, LORENZO	5.2 NAME	GONZALEZ, LORENZO	
STREET ADDRESS	872 NW 17 CT	5.3 STREET ADDRESS	872 NW 17 CT.	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL . 33125	
TITLE	TD	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~GONZALEZ, JUAN R~~	6.2 NAME	RUBEN PAULA	
STREET ADDRESS	~~1781 NW 17 TERR~~	6.3 STREET ADDRESS	332 NW 34 AVE	
CITY-ST-ZIP	~~MIAMI FL~~	6.4 CITY-ST-ZIP	MIAMI, FL .33125	

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)(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: [signature] CARLOS CABRERA (SECRETARY) 04/23/95 (305)643-8784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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