

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

02/28/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0268987

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ABREU, MARIA L  
STREET ADDRESS 3446 S.W. 14 STREET  
CITY - ST - ZIP MIAMI FL ☐ DELETE

1.1 TITLE PD  
1.2 NAME YDABEL BUCALLO  
1.3 STREET ADDRESS 2920 GALIANO AVE.  
1.4 CITY - ST - ZIP CORAL GABLES, FL. 33134 ☐ Change ☐ Addition

TITLE VD  
NAME DE LA CRUZ, ATANASIO  
STREET ADDRESS 266 E. 16 STREET  
CITY - ST - ZIP HIALEAH FL ☐ DELETE

2.1 TITLE V.D.  
2.2 NAME BENITO GONZALEZ  
2.3 STREET ADDRESS 11770 S.W. 182 TERR.  
2.4 CITY - ST - ZIP MIAMI, FL. 33157 ☐ Change ☐ Addition

TITLE VD  
NAME PRUNEDA, LAZARO  
STREET ADDRESS 2155 NW 6 STREET, SUITE 2  
CITY - ST - ZIP MIAMI FL ☐ DELETE

3.1 TITLE V.D. DE LA CRUZ  
3.2 NAME ATANASIO  
3.3 STREET ADDRESS 266 E. 16 STREET.  
3.4 CITY - ST - ZIP HIALEAH, FL. 33010 ☐ Change ☐ Addition

TITLE SD  
NAME CABRERA, CARLOS  
STREET ADDRESS 520 NW 17 AVE  
CITY - ST - ZIP MIAMI FL ☐ DELETE

4.1 TITLE SD  
4.2 NAME CABRERA, CARLOS  
4.3 STREET ADDRESS 520 N.W. 17 AVE.  
4.4 CITY - ST - ZIP MIAMI FL. 33125 ☐ Change ☐ Addition

TITLE TD  
NAME GONZALEZ, LORENZO  
STREET ADDRESS 872 NW 17 CT  
CITY - ST - ZIP MIAMI FL ☐ DELETE

5.1 TITLE T.D.  
5.2 NAME LUIS PEREZ.  
5.3 STREET ADDRESS 2404 G.W. 137 AVE.  
5.4 CITY - ST - ZIP MIAMI, FL. ☐ Change ☐ Addition

TITLE TD  
NAME RUBEN, PAULA  
STREET ADDRESS 332 NW 34 AVE  
CITY - ST - ZIP MIAMI FL ☐ DELETE

6.1 TITLE TD.  
6.2 NAME RUBEN, PAULA.  
6.3 STREET ADDRESS 332 N.W. 34 AVE  
6.4 CITY - ST - ZIP MIAMI, FL. 33125 ☐ Change ☐ Addition

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)(k), 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: Carlos Cabreria (Carlos Cabreria)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-26-96 643-8784  
Date Daytime Phone #