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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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
07/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BUGALLO, YDAI	2920 GALIANO AVENUE	CORAL GABLES FL	<input checked="" type="checkbox"/>
VB	GONZALEZ, BENITO	11770 SW 182 TERR	MIAMI FL	<input checked="" type="checkbox"/>
VD	DE LA CRUZ, ATANASIO	288 E 16TH STREET	HIALEAH FL	<input type="checkbox"/>
SD	CABRERA, CARLOS	520 NW 17 AVE	MIAMI FL	<input type="checkbox"/>
TD	PEREZ, LUIS	2404 SW 137 AVENUE	MIAMI FL	<input type="checkbox"/>
TD	RUBEN, PAULA	332 NW 34 AVE	MIAMI FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P.D.	BENITO GONZALEZ	11770 S.W. 182 Terr	MIAMI, FL 33157	<input type="checkbox"/>	<input type="checkbox"/>
V.D.	LAZARO PRUNEDA	2155 N.W. 6 ST. #2	MIAMI, FL 33125	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		SAME		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		SAME		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		SAME		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
		SAME		<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

Luis Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-97

Date

Daytime Phone # 0028989

CR2E037 (9/96)