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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N36247

1. Corporation Name

MUNICIPIO DE TRINIDAD EN EL EXILIO, INC.

Principal Place of Business

1510 SW 14TH TER
P.O. BOX 452533
MIAMI FL 33145-9533
US

Mailing Address

1510 SW 14TH TER
P OBOX 452533
MIAMI FL 33145-9533
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/19/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0172722	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution ☐	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

CUERVO, ENRIQUE
1510 SW 14TH TERR
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name **FRANCISCO GOMEZ**
82 Street Address (P.O. Box Number is Not Acceptable)
930 West 39 Place
83
84 City **Hialeah** FL 85 Zip Code **33012**

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

Francisco Gomez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	VAZQUEZ, FERNANDO	3267 SW 24TH TERR	MIAMI FL	☒ Change ☐ Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	NOCHEA, JESUS	1292 SW 21ST TER	MIAMI FL	☐ Change ☐ Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	CUERVO, ENRIQUE	1510 SW 14TH TERR	MIAMI FL	☐ Change ☐ Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	FRESNEDO, JOSE	1710 SW 18TH ST	MIAMI FL	☐ Change ☐ Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	CUERVO, DELIA	1510 SW 14TH TERRACE	MIAMI FL	☐ Change ☐ Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	NOCHEA, MYRNA	1292 SW 21ST TERRACE	MIAMI FL	☒ Change ☐ Addition			

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:

Delia Cuervo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 (305)856-8519
Date Daytime Phone #

CR2E037 (1/98)