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Mar 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N40381** (8)

1. Corporation Name

MUNICIPIO DE CAMAJUANI EN EL EXILIO, INC.

Principal Place of Business

**5567 N.W. 201 ST.
MIAMI FL 33055**

Mailing Address

**5567 N.W. 201 ST.
MIAMI FL 33055**



3. Date Incorporated or Qualified
10/12/1990

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 **6534 S.W. 38th St**
Suite, Apt. #, etc.
(HOUSE)

2a. Mailing Address

26 **5567 N.W. 201 St**
Suite, Apt. #, etc.

City & State

23 **Miami FL**

City & State

28 **Miami FL**

Zip

24 **33155**

Country

25 **U.S.A**

Zip

29 **33055**

Country

30 **U.S.A**

4. FEI Number

26-4134590

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

**MOYA, FIERNANDO LOPEZ
5567 N.W., 201 ST.
MIAMI FL 33055**

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 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 **DS** ☐ DELETE
NAME **ISIDRON, GASTON**
STREET ADDRESS **661 NW. 113 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **DVS** ☐ DELETE
NAME **BUXEDA, ELIAS**
STREET ADDRESS **691 W. 29TH ST.**
CITY-ST-ZIP **HIALEAH FL**

TITLE **DV** ☐ DELETE
NAME **IZQUIERDO, JOSE**
STREET ADDRESS **2761 W. 74TH ST.**
CITY-ST-ZIP **HIALEAH FL**

TITLE **VS** ☐ DELETE
NAME **BUXEDA, ETIAS**
STREET ADDRESS **691 W. 29TH ST.**
CITY-ST-ZIP **HIALEAH FL**

TITLE **T** ☐ DELETE
NAME **MANSO, JESUS**
STREET ADDRESS **6534 W. 38 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE
NAME **DE DEEGO, JOSE**
STREET ADDRESS **1480 W. 46ST. APT. 111**
CITY-ST-ZIP **HIALEAH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: **Jesús Manso** **03/19/97** (305) 621-1982

CR2E037 (9/96)