

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40381 (8)

1. Corporation Name
MUNICIPIO DE CAMAJUANI EN EL EXILIO, INC.



Principal Place of Business 6534 S.W. 38 STREET MIAMI FL 33155 US	Mailing Address 5567 N.W. 201 ST. MIAMI FL 33055
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3. Date Incorporated or Qualified
10/12/1990

4. FEI Number 26-4134590	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 17011 N.W. 52 AVE Suite, Apt. #, etc.	2a. Mailing Address 26 17011 N.W. 52 AVE Suite, Apt. #, etc.
22 City & State 23 Miami FL	27 City & State 28 Miami FL
24 Zip 33055	25 Country U.S.A
29 Zip 33055	30 Country U.S.A

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☐ 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
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	ISIDRON, GASTON	
STREET ADDRESS	661 NW. 113 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BUXEDA, ELIAS	
STREET ADDRESS	691 W. 29TH ST.	
CITY - ST - ZIP	HALEAH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	IZQUIERDO, JOSE	
STREET ADDRESS	2761 W. 74TH ST.	
CITY - ST - ZIP	HALEAH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BUXEDA, ETIAS	
STREET ADDRESS	691 W. 29TH ST.	
CITY - ST - ZIP	HALEAH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MANSO, JESUS	
STREET ADDRESS	6534 W. 38 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DE DEEGO, JOSE	
STREET ADDRESS	1480 W. 46ST. APT. 111	
CITY - ST - ZIP	HALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: **X** **FIERNANDO LOPEZ MOYA** 02/05/98 (305) 623-0344

CR2E037 (1097)