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**May 04, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001730**

1. Corporation Name

**MUNICIPIO DE VICTORIA DE LAS TUNAS EXILIO CLUB G  
ENERAL VICENTE GARCIA, INC.**

Principal Place of Business

1255 SW 1ST ST #407  
MIAMI FL 33135

Mailing Address

1255 SW 1ST ST #407  
MIAMI FL 33135



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified <b>04/19/1993</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**VEGA, PABLO**  
**1255 SW 1ST ST #407**  
**MIAMI FL 33135**

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	1.1 TITLE	
NAME	VEGA, LUIS	1.2 NAME	
STREET ADDRESS	1255 SW 1ST ST #407	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	KING, IRIS	2.2 NAME	
STREET ADDRESS	1255 SW 1ST ST #407	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LUIS, URQUIZA	3.2 NAME	
STREET ADDRESS	1255 SW 1ST ST #407	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

305-6433416

Daytime Phone #

CR2E037 (11/98)