FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N93000002979 (3)**

1. Corporation Name

MUNICIPIO DE SANTA CRUZ DEL SUR EN EL EXILIO, INC.

Principal Place of Business	Mailing Address
851, NW 14TH CT. MIAMI FL 33125	851 NW 14TH CT. MIAMI FL 33125

3. Date Incorporated or Qualified **07/02/1993**	3a. Date of Last Report **03/15/1995**

4. FEI Number **65-0429856**	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30	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
VIAMONTES, CIRO L 851 NW 14TH CT. 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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VIAMONTES, CIRO L		1.2 NAME		
STREET ADDRESS	851 NW 14TH CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	DE LEON, JOSE N		2.2 NAME	CARLOS ARTEAGA (ARTEAGA, CARLOS	
STREET ADDRESS	5565 W. 14TH AVE.		2.3 STREET ADDRESS	7411 Panama Street	
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP	Miramar, FL 33023	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VIAMONTES, GEROGELINA Q		3.2 NAME		
STREET ADDRESS	851 NW 14TH CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, MAGALI		4.2 NAME		
STREET ADDRESS	400 NW 43RD PL.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FONSECA, NANCY		5.2 NAME		
STREET ADDRESS	2101 N.W. 18TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	6.1 TITLE	DT	☒ Change ☐ Addition
NAME	DIAZ, JOSE M		6.2 NAME	Diaz, Jose M.	
STREET ADDRESS	P O BOX 440945 N/A		6.3 STREET ADDRESS	301 N.W. 57th Avenue # 106	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _Ciro L. Viamontes_   CIRO L. VIAMONTES   02-05-1996   305-541-6083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (12/95)