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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002979

1. Corporation Name

MUNICIPIO DE SANTA CRUZ DEL SUR EN EL EXILIO, IN C.

Principal Place of Business

851 NW 14TH CT.
MIAMI FL 33125

Mailing Address

851 NW 14TH CT.
MIAMI FL 33125



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/02/1993

4. FEI Number

65-0429856

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

9. Name and Address of Current Registered Agent

VIAMONTES, CIRO L
851 NW 14TH CT.
MIAMI FL 33125

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 ☐ DELETE

NAME **DP**
STREET ADDRESS **VIAMONTES, CIRO L**
CITY-ST-ZIP **851 NW 14TH CT. MIAMI FL 33125**

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **ARTEAGA, CARLOS**
CITY-ST-ZIP **7411 PANAMA ST MIRAMAR FL**

TITLE ☐ DELETE

NAME **DS**
STREET ADDRESS **VIAMONTES, GEROGELINA O**
CITY-ST-ZIP **851 NW 14TH CT. MIAMI FL 33125**

TITLE ☐ DELETE

NAME **DS**
STREET ADDRESS **SUAREZ, MAGALI**
CITY-ST-ZIP **400 NW 43RD PL. MIAMI FL 33126**

TITLE ☐ DELETE

NAME **DT**
STREET ADDRESS **FONSECA, NANCY**
CITY-ST-ZIP **2101 N.W. 18TH STREET MIAMI FL**

TITLE ☐ DELETE

NAME **DT**
STREET ADDRESS **DIAZ, JOSE M.**
CITY-ST-ZIP **301 NW 57THAVE, #106 MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **SAME**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **SAME**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **SAME**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **SAME**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **DT** ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **DT** ☒ Change ☒ Addition

6.2 NAME **JOSE M. Diaz**

6.3 STREET ADDRESS **10035 S.W. 12 Terr.**

6.4 CITY-ST-ZIP **Miami FL 33174**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jose M. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99
Date

Daytime Phone #

CR2E037 (11/98)