

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003467 (8)

1. Corporation Name

MUNICIPIO DE AGUADA DE PASAJEROS EN EL EXILIO, I NC.

Principal Place of Business

416 EAST 27 ST., APT. #3-U
HIALEAH FL 33013

Mailing Address

416 EAST 27 ST., APT. #3-U
HIALEAH FL 33013



2. Principal Place of Business		2a. Mailing Address	
21 221 nw 58 CT.	26 221 nw 58 CT.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Miami, Florida	28 Miami, Florida		
Zip	Country	Zip	Country
24 33126	25 U.S.	29 33126	30 U.S.

3. Date Incorporated or Qualified 07/28/1993	3a. Date of Last Report 02/06/1995
4. FEI Number 65-0430932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

QUIROS, MIRIAM E
444 SW 64 CT.
MIAMI FL 33144

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CEPERO, JULIO	1.2 NAME	Julio Rojas
STREET ADDRESS	2384 NW 11 STREET APT 4	1.3 STREET ADDRESS	221 nw 58 CT.
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	Miami, FL. 33126
TITLE	VD	2.1 TITLE	VD
NAME	BRITO, RICARDO	2.2 NAME	Julio Cepero
STREET ADDRESS	17221 NW 54 AVE	2.3 STREET ADDRESS	2384 n.w. 11 ST. APT 4
CITY-ST-ZIP	CAROL CITY FL 33055	2.4 CITY-ST-ZIP	Miami FL. 33125
TITLE	VD	3.1 TITLE	VD
NAME	ADAY, LUIS C	3.2 NAME	Ricardo Brito
STREET ADDRESS	1807 SW 107 AVE.	3.3 STREET ADDRESS	17221 n.w. 54 Ave.
CITY-ST-ZIP	MIAMI FL 33165	3.4 CITY-ST-ZIP	CAROL CITY FL. 33055
TITLE	S	4.1 TITLE	
NAME	OJEDA, ALEJANDRO	4.2 NAME	
STREET ADDRESS	2430 NW 30 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	VS
NAME	ROJAS, JULIO	5.2 NAME	GUSTAVO ROJAS
STREET ADDRESS	221 NW 58 COURT	5.3 STREET ADDRESS	1040 SW 70 Ave.
CITY-ST-ZIP	MIAMI FL 33156	5.4 CITY-ST-ZIP	MIAMI FL. 33144
TITLE	T	6.1 TITLE	
NAME	ROJAS, IVETTE	6.2 NAME	
STREET ADDRESS	221 NW 58 COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-96

(305)
264-2576

CR2E037 (12/95)