

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000004842 (0)

1. Corporation Name

COMITE TODO POR PINAR DEL RIO EN EL EXILIO, INC.

Principal Place of Business

Mailing Address

13235 S.W. 104TH TERRACE  
MIAMI FL 33186

13235 S.W. 104TH TERRACE  
MIAMI FL 33186-3403

3. Date Incorporated or Qualified  
09/30/1994

3a. Date of Last Report  
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0571229

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

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

MATA, GUSTAVO  
13235 S.W. 104TH TERRACE  
MIAMI FL 33186

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

700002317697--0

83

10/10/97--01094--011

84 City

\*\*\*\*\*61.25 \*\*\*\*\*61.25

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 ☐ DELETE

NAME MATA, GUSTAVO  
STREET ADDRESS 13235 S.W. 104TH TERRACE  
CITY-ST-ZIP MIAMI FL 33186

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME CAPO, MORAVIA  
STREET ADDRESS 925 N.W. 37TH AVE. APT. 106  
CITY-ST-ZIP MIAMI FL 33125

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME FERNANDEZ, MANUEL  
STREET ADDRESS 8440 S.W. 29TH ST.  
CITY-ST-ZIP MIAMI FL 33155

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME GARCIA, JOSE L  
STREET ADDRESS 10421 S.W. 26TH ST.  
CITY-ST-ZIP MIAMI FL 33175

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

FILED  
97 OCT -6 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (9/96)