

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 # **N95000000384 (6)**

1. Corporation Name

ASAMBLEA PROVINCIAL DE CAMAGUEY EN EL EXILIO, IN C.



Principal Place of Business

Mailing Address

851 NW 14TH CT.
MIAMI FL 33125-3621

851 NW 14TH CT.
MIAMI FL 33125-3621

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

63-0553819

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

VIAMONTES, CIRO L
851 NW 14TH CT.
MIAMI FL 33125-3621

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	<input type="checkbox"/> DELETE
NAME	VIAMONTES, CIRO L	
STREET ADDRESS	851 NW 14TH CT.	
CITY-ST-ZIP	MIAMI FL 33125-3621	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ARNALDOZ, MANUEL	
STREET ADDRESS	4721 SW 99TH CT.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SANCHEZ, RICARDO	
STREET ADDRESS	41 NW 59TH CT.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	AUED, RAUL	
STREET ADDRESS	1075 SW 45TH AVE.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CRUZ, MANUEL R	
STREET ADDRESS	9220 SW 68TH ST.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SOSA, ANGEL	
STREET ADDRESS	210 W. PARK DR. #103	
CITY-ST-ZIP	MIAMI FL 33172	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VACANT
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dra. Georgelina Q. Viamontes
6.3 STREET ADDRESS	851 N.W. 14 Court
6.4 CITY-ST-ZIP	Miami, FL 33125-3621

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/1996

Date

Daytime Phone

305-341-6085

CR2E037 (12/95)