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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
02/14/1996

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  
65-0553819

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

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  DELETE  
NAME VIAMONTES, CIRO L  
STREET ADDRESS 851 NW 14TH CT.  
CITY-ST-ZIP MIAMI FL 33125-3621

1.1 TITLE DP  Change  Addition  
1.2 NAME VIAMONTES, Dra. G.Q.  
1.3 STREET ADDRESS 851 N.W. 14 Ct.  
1.4 CITY-ST-ZIP Miami, FL 33125

TITLE DS  DELETE  
NAME SANCHEZ, RICARDO  
STREET ADDRESS 41 NW 59TH CT.  
CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE DV  Change  Addition  
2.2 NAME Sanchez Ricardo  
2.3 STREET ADDRESS 41 N.W. 59th Ct.  
2.4 CITY-ST-ZIP Miami, FL 33126

TITLE DS  DELETE  
NAME AUED, RAUL  
STREET ADDRESS 1075 SW 45TH AVE.  
CITY-ST-ZIP MIAMI FL 33134

3.1 TITLE DT  Change  Addition  
3.2 NAME CRUZ, Manuel B.  
3.3 STREET ADDRESS 9220 S.W. 68 St.  
3.4 CITY-ST-ZIP Miami, FL 33173

TITLE DT  DELETE  
NAME CRUZ, MANUEL R  
STREET ADDRESS 9220 SW 68TH ST.  
CITY-ST-ZIP MIAMI FL 33173

4.1 TITLE DT  Change  Addition  
4.2 NAME Viamontes, Cirol L.  
4.3 STREET ADDRESS 851 N.W. 14 Ct.  
4.4 CITY-ST-ZIP Miami, FL 33125

TITLE DT  DELETE  
NAME VIAMONTES, DRA G O  
STREET ADDRESS 851 NW 14TH COURT  
CITY-ST-ZIP MIAMI FL

5.1 TITLE DS  Change  Addition  
5.2 NAME Roque Eliecer  
5.3 STREET ADDRESS 1521 S.W. 71 Ct.  
5.4 CITY-ST-ZIP Miami, FL 33144

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Raul Aued*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-97 305-541-6083  
Date Daytime Phone # 0026263

CR2E037 (9/96)