

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90006 097 \*\*\*\*60.00  
05-14-1999 90006 098 \*\*\*\*\*1.25

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1. Corporation Name

ASAMBLEA PROVINCIAL DE CAMAGUEY EN EL EXILIO, IN C.

Principal Place of Business

851 NW 14TH CT.  
MIAMI FL 33125-3621

Mailing Address

851 NW 14TH CT.  
MIAMI FL 33125-3621



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

29 Zip Country

30

3. Date Incorporated or Qualified

01/23/1995

4. FEI Number

65-05538 19

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

9. Name and Address of Current Registered Agent

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

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 DT  DELETE  
NAME VIAMONTES, CIRO L  
STREET ADDRESS 851 NW 14 COURT  
CITY-ST-ZIP MIAMI FL 33125-3621

TITLE DV  DELETE  
NAME SANCHEZ, RICARDO  
STREET ADDRESS 41 NW 51 COURT  
CITY-ST-ZIP MIAMI FL 33126

TITLE DS  DELETE  
NAME VIAMONTES, DRA G.O.  
STREET ADDRESS 851 NW 14 COURT  
CITY-ST-ZIP MIAMI FL 33125-3621

TITLE DP  DELETE  
NAME AUED, RAUL  
STREET ADDRESS 1075 SW 45 AVENUE  
CITY-ST-ZIP MIAMI FL 33134

TITLE DT  DELETE  
NAME ELIECER, ROQUE  
STREET ADDRESS 1521 SW 71 COURT  
CITY-ST-ZIP MIAMI FL 33144

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME Ricardo Sanchez  
1.3 STREET ADDRESS 41 N.W. 51 Court  
1.4 CITY-ST-ZIP MIAMI, FL 33126

2.1 TITLE  Change  Addition  
2.2 NAME Otero Morales *Osiel Morales*  
2.3 STREET ADDRESS 201 SW 52 Ave.  
2.4 CITY-ST-ZIP MIAMI, FL 33134

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME Giro L. Viamontes  
5.3 STREET ADDRESS 851 N.W. 14 Court  
5.4 CITY-ST-ZIP MIAMI, FL 33125

6.1 TITLE  Change  Addition  
6.2 NAME Lazara Otero  
6.3 STREET ADDRESS 2142 N.W. 34 St.  
6.4 CITY-ST-ZIP MIAMI, FL 33142

14. I 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, with all other like empowered.

SIGNATURE:

*Ricardo Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99  
Date

305-541-6083  
Daytime Phone #

CR2E037 (11/98)

002888