

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 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 # N96000002553 (3)

1. Corporation Name

ASAMBLEA PROVINCIAL DE ORIENTE EN EL EXILIO, INC



Principal Place of Business

Mailing Address

2624 NW 24TH COURT
MIAMI FL 33142

2624 NW 24TH COURT
MIAMI FL 33142-6520

3. Date Incorporated or Qualified

05/06/1996

3a. Date of Last Report

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

65-0682698

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

RODRIGUEZ, LUIS
2624 NW 24TH COURT
MIAMI FL 33142

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

Luis Rodriguez
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 | SALAS, MIGUEL | |
| STREET ADDRESS | 2050 NW 16TH TERRACE #190 E | |
| CITY - ST - ZIP | MIAMI FL 33125 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | MARTIN, CATALINA | |
| STREET ADDRESS | 925 NW 7TH ST RD | |
| CITY - ST - ZIP | MIAMI FL 33136 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, LUIS | |
| STREET ADDRESS | 2624 NW 24TH COURT | |
| CITY - ST - ZIP | MIAMI FL 33142 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | RIQUENE, EDDY | |
| STREET ADDRESS | 5910 SW 10TH ST | |
| CITY - ST - ZIP | WEST MIAMI FL 33144 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | VIVES, PEDRO | |
| STREET ADDRESS | 6880 SW 48TH TERRACE | |
| CITY - ST - ZIP | MIAMI FL 33155 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | GONGORA, PEDRO P | |
| STREET ADDRESS | 2931 SW 103RD AVE | |
| CITY - ST - ZIP | MIAMI FL 33165 | |

| | |
|---------------------|---|
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029997

CR2E037 (9/96)