

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002553 (3)
 1. Corporation Name
ASAMBLEA PROVINCIAL DE ORIENTE EN EL EXILIO, INC



Principal Place of Business 2624 NW 24TH COURT MIAMI FL 33142	Mailing Address 2624 NW 24TH COURT MIAMI FL 33142
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3. Date Incorporated or Qualified 05/06/1996		
4. FEI Number 65-0682698	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
26	27
28	29
30	

9. Name and Address of Current Registered Agent
RODRIGUEZ, LUIS
2624 NW 24TH COURT
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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* DATE **1/8/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAS, MIGUEL	1.2 NAME	
STREET ADDRESS	2050 NW 16TH TERRACE #190 E	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CATALINA	2.2 NAME	
STREET ADDRESS	925 NW 7TH ST RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, LUIS	3.2 NAME	
STREET ADDRESS	2624 NW 24TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIQUENE, EDDY	4.2 NAME	
STREET ADDRESS	5010 SW 10TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MIAMI FL 33144	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVES, PEDRO	5.2 NAME	
STREET ADDRESS	6880 SW 48TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONGORA, PEDRO P	6.2 NAME	
STREET ADDRESS	2931 SW 103RD AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE: **1/8/98** **3259981**

CR2E037 (10/97)