

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90003 013 ****61.25

DOCUMENT # **N96000002553** ✓
1. Corporation Name
ASAMBLEA PROVINCIAL DE ORIENTE EN EL EXILIO, INC

Principal Place of Business Mailing Address
2624 NW 24TH COURT 2624 NW 24TH COURT
MIAMI FL 33142 MIAMI FL 33142

587635 - 90003 - 13



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/06/1996	
22. City & State		27. City & State		4. FEI Number	
23. Zip Country		28. Zip Country		65-0682698	
24. Zip		29. Zip		5. Certificate of Status Desired	
25. Country		30. Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

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			

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 (NOTE: Registered Agent signature required when reinstating) DATE 7-8-99

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	5910 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 33165			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, with all other like empowered.

SIGNATURE: [Signature] DATE: 7/8/99 DAYTIME PHONE #: 634 5080