NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002553

a reason, come comession for the com-

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

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

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)				
	ace of Business	\vdash	ling Address			3	 Date Incorporated or Qualifed 05/06/1996 	i		
Suite, Apt.	# etc	26 Suit	te, Apt. #, etc.				I. FEI Number		TAn	plied For
22	#, dic.	27	io, Apt. #, 010.				65-0682698			t Applicable
City & State			City & State						\$8.75 A	
23	\$14.50. St. 5	28				5	6. Certifcate of Status Desired		Fee Re	
Zip	Country	Zip		Countr	y	6	i. Election Campaign Financing		\$5.00	Mav Be
24	25	29	3	0			Trust Fund Contribution		Added to	- 1
	9. Name and Address of Current	Registered	d Agent		-	10). Name and Address of New	Registered	Agent	
				8.	Name					
RODRIGUEZ, LUIS					Street	Address (P.O. Box Number is Not Accep	table)		(
2624 NW 24TH COURT							·			
MIAMI FL 33142					3					
1				84	City			FL	85 Zip C	ode
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.										
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applic	cable. (NOTE: R	egistered Age	int signature n	negal beniupe	reinstating)			
12.	OFFICERS AND	DIRECTO		13.			ADDITIONS CHANGES TO O	FFICERS AN		
TITLE	DP		☐ DELETE	1.1 TMLE					Change	☐ Addition
NAME	SALAS, MIGUEL			1.2 NAME						
STREET ADDRESS	2050 NW 16TH TERRACE #190) E		1.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33125			1.4 CITY-:	ST-ZIP					
TITLE	DV		☐ DELETE	2.1 TITLE					Change	Addition
NAME	MARTIN, CATALINA			2.2 NAME						
STREET ADDRESS	925 NW 7TH ST RD			2.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33136			2.4 CITY-	ST-ZIP					- Addition
TITLE	DS .		☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME	RODRIGUEZ, LUIS			3.2 NAME						
STREET ADDRESS	2624 NW 24TH COURT			3.3 STREE	T ADDRESS					ļ
CITY-ST-ZIP	MIAMI FL 33142		- Declere	3.4. CITY-	ST-ZNP				Change	
TITLE	DS COURS EDDY		☐ DELETE	4.1 TITLE	Ì				☐ Change	☐ Addition
NAME	RIQUENE, EDDY			4. 2 NAME						
STREET ADDRESS	5910 SW 10TH ST				T ADDRESS	l				
CITY-ST-ZIP	WEST MIAMI FL 33144		□ ne≀ere	4.4 CITY-	ST-ZIP				Change *	" Addition
TITLE	DT MVEC DEDDO		☐ DELETE	5.1 TITLE 5.2 NAME					□ criange	
NAME	VIVES, PEDRO				T ADDRESS					
STREET ADDRESS	6880 SW 48TH TERRACE			5.3 STREE						
CITY-ST-ZIP	MIAMI FL 33155		☐ DELETE	6.1 TITLE	31-4IP				Change	Addition
TITLE	DT DEPOS D		T DETELE	62 NAME						
NAME	GONGORA, PEDRO P				T ADDDESS	l				
STREET ADDRESS	2931 SW 103RD AVE				T ADDRESS					l
CITY-ST-ZIP	MAIMI 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 one an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/99 6345080