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**Apr 07, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N96000003129**

1. Corporation Name

**ASOCIACION DE EX-CONFINADOS DE LA U.M.A.P., INC.**

Principal Place of Business

7212 SW 21ST ST.  
MIAMI FL 33155

Mailing Address

7212 SW 21ST ST.  
MIAMI FL 33155



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/12/1996

4. FEI Number

65-0701908

Applied For  
Not Applicable

5. Certificate of Status Desired. ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**GARCIA MARTINEZ FRANCISCO**  
**5143 S.W. 8TH ST**  
**MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name

**IZQUIERDO EMILIO JR.**

82 Street Address (P.O. Box Number is Not Acceptable)

**7212 SW 21 St.**

83

84 City

**MIAMI**

**FL**

85 Zip Code  
**33155**

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 PD ☒ DELETE  
NAME GARCIA MARTINEZ FRANCISCO  
STREET ADDRESS 5143 S.W. 8TH ST  
CITY-ST-ZIP MIAMI FL 33143

TITLE VPD ☒ DELETE  
NAME INDA, RAUL  
STREET ADDRESS 1421 SW 8TH ST., STE. 203  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE  
NAME COLAS, ORLANDO A  
STREET ADDRESS 6450 COLLINS AVE  
CITY-ST-ZIP MIAMI BCH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME IZQUIERDO EMILIO JR.  
1.3 STREET ADDRESS 7212 SW 21 St.  
1.4 CITY-ST-ZIP MIAMI FL. 33155

2.1 TITLE VPD ☒ Change ☐ Addition  
2.2 NAME ARZA HUGO E.  
2.3 STREET ADDRESS 12800 SW 47 St.  
2.4 CITY-ST-ZIP MIAMI FL 33175

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS APT. #904  
3.4 CITY-ST-ZIP 33141

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  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 REQUIRED

3/31/99 (306) 864-8508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0032309