## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

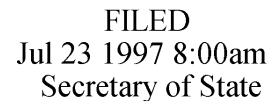
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

N96000005025 (9) DOCUMENT # 1. Corporation Name

MUNICIPIO HOLGUIN EN EL EXILIO, INC.

Principal Place	





enneipai elac	e or business	Maning Add	Mailing Address							
5910 NE 6TH C		•	5910 NE 6TH COURT MIAMI FL 33137-2304							
							ncorporated or Qualified 9/30/1996	3a. Date	of Last F	Report
<del></del>	lace of Business	2a. Mailing	Address			4. FEI N	umber	/ O / 4478 .	A	oplied For
21		26				60	-0698600-			ot Applicable
Sulte, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.				cate of Status Desired			Additional equired
City & State	6		City & State			€ Electio	on Campaign Financing	<del> </del>		
23	•	<b>⊢</b> ′	28				Fund Contribution			May Be to Fees
Zip	Country	Zip		Country			orporation has liability for i			
24	25	29	3	0				Yes 🔼 N		
	9. Name and Address of Ci	urrent Registered Ag	ent			10. Name	and Address of New Re	gistered Age	nt	
				81	Name					
	A, ROGER R			82	Street	Address (P.O. Box Number is Not Acceptable)				
	6TH COURT					-10 1				
MIAM! F	L 33137		83							
				84	City			F-4 8	5 Zip	Code
11 Purcuent	to the provisions of Sections 617	7 0502 and 617 1508 I	Elorida Statutos	the above	namad	corporation aubm	its this statement for the m	FL	n naina i	to registered
office or r	to the provisions of Sections 617 egistered agent, or both, in the S m familiar with, and accept the c	State of Florida. Such	change was au	thorized by	the corp	poration's board o	f directors. I hereby accep	t the appoint	ment as	registered
	m tamiliar with, and accept the d	obligations of, Section	617.0503, Florid	da Statutes						
SIGNATURE .	Signature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: F	Registered Age	nt signature	required when reinstatin	g)	DATE		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIO	ONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	RS IN 12
TITLE	D		DELETE	1.1 TOTLE			- DIREC	TOR A	Change	Addition
NAME	LAVERNIA, ROGER R			1.2 NAME		ROGER	ROJAS-LAD	EKNI	4	
STREET ADDRESS	00101120111		1.3 S		ADDRESS					
CITY-ST-ZIP			1.4 CiTY - S	T-21P				<u> </u>		
TITLE	D DELET		☐ DEFELE	2.1 TITLE				L	Change	L. Addition
NAME LAVERNIA, HERNAN				2.2 NAME						l
STREET ADDRESS	9835 SW 30TH STREET			2.3 STREET						İ
CITY-ST-ZIP	MIAMI FL 33165		DELETE	2.4 CITY - S 3.1 TITLE	T-ZIP		<u></u>		Change	Addition
NAME	PENARANDA, PEDRO	_	_, DECE:12	3.2 NAME					Ottongo	L Addition
STREET ADDRESS	130 SW 113 COURT			3.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33174			3.4. CITY - S						
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP		···		4.4 CiTY-S	r-ZIP					
TITLE			] DELET <b>E</b>	5.1 TITLE					Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	address					
CITY-ST-ZIP	<del></del>			5.4 CITY - S	- ZIP					
TITLE		L	DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET						
CITY-ST-ZIP				6.4 CITY-ST	T- <b>2</b> 1P					

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 the angel or on an attachment with an address.