

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000000052

1. Corporation Name

MUNICIPIO DE FLORIDA EN EL EXILIO, INC.

Principal Place of Business
**12168 SW 137TH TERRACE
MIAMI FL 33186**

Mailing Address
**12168 SW 137TH TERRACE
MIAMI FL 33186**

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

04-14-1999 90072 035 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/06/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0718001

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASULTO, ARMANDO C
12168 SW 137TH TERRACE
MIAMI FL 33186**

81 Name
MAYDA RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)
6741 S.W. 28th TERRACE

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 **MAYDA RODRIGUEZ**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **BASULTO, ARMANDO C**
CITY-ST-ZIP **12168 SW 137TH TERRACE
MIAMI FL 33186**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PRES**
1.3 STREET ADDRESS **MAYDA RODRIGUEZ**
1.4 CITY-ST-ZIP **6741 S.W. 28th TERRACE
MIAMI, FLA 33155**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **RODRIGUEZ, MAYDA**
CITY-ST-ZIP **6741 SW 28TH TERRACE
MIAMI FL 33155**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **VICE-PRES**
2.3 STREET ADDRESS **ARMANDO C BASULTO**
2.4 CITY-ST-ZIP **12168 S.W. 137th TERRACE
MIAMI, FLA 33186**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MARTINEZ, ELDA**
CITY-ST-ZIP **8710 SW 41ST TERRACE
MIAMI FL 33185**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **SECRETARY**
3.3 STREET ADDRESS **MAGALY C CAMPOS**
3.4 CITY-ST-ZIP **1001 91th ST BAY HARBOR ISLAND
FLA 33154**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **REYES, SILVIO**
CITY-ST-ZIP **8710 SW 41ST TERRACE
MIAMI FL 33165**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **TREASURE**
4.3 STREET ADDRESS **BRUNO L RODRIGUEZ**
4.4 CITY-ST-ZIP **2900 S.W. 100th AVE
MIAMI, FLA 33165**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **MAYDA RODRIGUEZ** 04-08-99 (305) 822-0157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0028527

CR2E037 (11/98)