

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000384

**Entity Name:** ASAMBLEA PROVINCIAL DE CAMAGUEY EN EL EXILIO, INC.

**FILED**  
**Mar 31, 2016**  
**Secretary of State**  
**CC4536191356**

**Current Principal Place of Business:**

4610 NW 7TH STREET  
MIAMI, FL 33126

**Current Mailing Address:**

322 MADEIRA AVE #602  
CORAL GABLES, FL 33134

**FEI Number: 65-0553819**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ECHEVARRIA, MARIO L  
322 MADEIRA AVE #602  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name HIRIART, JUAN  
Address 7340 SW 35 STREET  
City-State-Zip: MIAMI FL 33165

Title D  
Name OTERO, LAZARA  
Address 2142 NW 34TH STREET  
City-State-Zip: MIAMI FL 33142

Title DS  
Name SOSA, ALDO P  
Address 2000 SW 81ST AVENUE  
City-State-Zip: MIAMI FL 33155

Title D  
Name COSIO, DARIO  
Address 4051 SW 112 AVE  
City-State-Zip: MIAMI FL 33134

Title DT  
Name ECHEVARRIA, MARIO L  
Address 322 MADEIRA AVE #602  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARIO ECHEVARRIA**

**REGISTER AGENT**

**03/31/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date