Current Prin 6441 SW 112 F MIAMI, FL 337	-		3707501330CC	
Current Mai	ling Address:			
6441 SW 11 MIAMI, FL				
FEI Number: 65-0682698		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
MATEOS, CLA 5201 N.W. 7 ST MIAMI, FL 331	REET			
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE	E: MATEOS CLAUDIO D		02/21/202	21
SIGNATURE	E: MATEOS CLAUDIO D Electronic Signature of Registered Agent		02/21/202 Date	21
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			21
	Electronic Signature of Registered Agent	Title		21
Officer/Dire	Electronic Signature of Registered Agent	Title Name	Date	21
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : DP		Date	21
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : DP REYES, ELIZABETH 6441 SW 112 PLACE	Name	Date DV CALAS, LIANA 8311 S.W. 34 TER	21
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : DP REYES, ELIZABETH 6441 SW 112 PLACE	Name Address	Date DV CALAS, LIANA 8311 S.W. 34 TER	!1
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : DP REYES, ELIZABETH 6441 SW 112 PLACE HIALEAH FL 33173	Name Address	Date DV CALAS, LIANA 8311 S.W. 34 TER	21
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : DP REYES, ELIZABETH 6441 SW 112 PLACE HIALEAH FL 33173 DT	Name Address	Date DV CALAS, LIANA 8311 S.W. 34 TER	21

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# N96000002553

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.

TD

SIGNATURE: ALBERTO MULET

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 21, 2021 Secretary of State 3707501330CC