Current Prin 6441 SW 112 F MIAMI, FL 33	-		00107007	3300
Current Mai	ling Address:			
6441 SW 11 MIAMI, FL				
FEI Number: 65-0682698		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
MATEOS, CLAUDIO D 5201 N.W. 7 STREET MIAMI, FL 33175 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.				
SIGNATUR	E: MATEOS CLAUDIO D			02/15/2019
SIGNATUR	E: MATEOS CLAUDIO D Electronic Signature of Registered Agent			
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			02/15/2019
	Electronic Signature of Registered Agent	Title	DV	02/15/2019
Officer/Dire	Electronic Signature of Registered Agent	Title Name		02/15/2019
Officer/Dire Title	Electronic Signature of Registered Agent ctor Detail : DP		DV	02/15/2019
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : DP REYES, ELIZABETH 6441 SW 112 PLACE	Name	DV CALAS, LIANA 8311 S.W. 34 TER	02/15/2019
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : DP REYES, ELIZABETH 6441 SW 112 PLACE	Name Address	DV CALAS, LIANA 8311 S.W. 34 TER	02/15/2019
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	DV CALAS, LIANA 8311 S.W. 34 TER	02/15/2019
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	DV CALAS, LIANA 8311 S.W. 34 TER	02/15/2019

2019 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.

SIGNATURE: ELIZABETH REYES

PRESIDENT

02/15/2019

FILED Feb 15, 2019

Secretary of State

0616780793CC

Electronic Signature of Signing Officer/Director Detail