

EXPIRES JULY 15 \$125.00

CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702057 (1)
Corporation Name
CONFEDERACION DE TRABAJADORES DE CUBA DELEGACION
DE MIAMI, (CDTCDM), INC.

Principal Place of Business Mailing Address
3383 N.W. 7 ST. #210 303 MIAMI FL 33125
3383 N.W. 7 ST. #210 \$303 MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/23/1961 3a. Date of Last Report 04/14/1994
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Law or Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes Yes No

21 Principal Place of Business 26 Mailing Address
22 State, Apt. #, etc. 27 State, Apt. #, etc.
23 City & State 28 City & State
25 Country 29 Zip 30 Country

Name and Address of Current Registered Agent
ALONSO, JOSE M.
1700 NW DELAWARE PARKWAY
MIAMI FL 33160
81 Name
82 P.O. Box Number is Not Acceptable
83
84 City FL 85 Zip Code

I certify to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 aware and accept the obligations of Section 607.0505, Florida Statutes.

OFFICERS AND DIRECTORS (NOTE: Fill in names and addresses of all officers and directors, including those who are not currently active in the corporation.)

OFFICERS AND DIRECTORS	APPLICABLE CHANGE TO CURRENT OFFICERS
S GUTIERREZ, ARSENIO 7425 SW 39TH TERR MIAMI FL 33155	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP
D POMAR, FACUNDO 3383 N.W. 7 ST., #210 MIAMI FL 33125	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
D RAQUEL, GARCIA VALLADARE 2870 NW 18TH AVE APT 5C MIAMI FL 33142	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
PD LLUCH, CARLOS 821 N W 40 AVE MIAMI FL 33124	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP
J PEDROSO, CLARO 3361 NW 13TH ST MIAMI FL 33125	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
S ALONSO, JOSE M. 1700 NW DELEWARE PKWY 33 MIAMI FL 33105	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

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I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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.

[Handwritten signatures and dates]
4/11/95 (25) 511-0296