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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 702057 (1)
1. Corporation Name

CONFEDERACION DE TRABAJADORES DE CUBA DELEGACION DE MIAMI, (CDTCDM), INC.



Principal Place of Business

Mailing Address

821 N.W. 40 AVENUE
MIAMI FL 33126

821 N.W. 40 AVENUE
MIAMI FL 33126

3. Date Incorporated or Qualified

02/23/1961

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALONSO, JOSE M.
1700 NW DELAWARE PARKWAY
MIAMI FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/7/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME GUTIERREZ, ARSENIO
STREET ADDRESS 7425 SW 39TH TERR
CITY-ST-ZIP MIAMI FL 33155

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME POMAR, FACUNDO
STREET ADDRESS 3383 N.W. 7 ST., #210
CITY-ST-ZIP MIAMI FL 33125

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME RAQUEL, GARCIA VALLADARE
STREET ADDRESS 2870 NW 18TH AVE APT 5C
CITY-ST-ZIP MIAMI FL 33142

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME LLUCH, CARLOS
STREET ADDRESS 821 N W 40 AVE
CITY-ST-ZIP MIAMI FL 33126

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME PEDROSO, CLARO
STREET ADDRESS 3561 NW 19TH ST
CITY-ST-ZIP MIAMI FL 33125

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

TITLE S
NAME ALONSO, JOSE M.
STREET ADDRESS 1700 NW DELEWARE PKWY 33
CITY-ST-ZIP MIAMI FL 33125

6.1 TITLE
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(9)(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.

SIGNATURE:

[Signature]

QUINCE

3/7/98

CR2E037 (10/97)