

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

1995 MAR 14 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **751866** (5)  
1. Corporation Name  
**LEONES CUBANOS EN EL EXILIO, INC.**

Principal Place of Business Mailing Address  
**400 S.W. 19TH AVENUE MIAMI FL 33135 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/02/1980</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1995309</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**PACHES, ELVIRA  
400 S.W. 19TH AVENUE  
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant 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 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD LEONOR FERREIRA MD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, EDGAR A	1.2 NAME	1420 S.W. 12th St
STREET ADDRESS	2470 NW 14	1.3 STREET ADDRESS	Miami, Fla. 33135
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	SD Dr. Manuel G. Mariñas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, ESTERMAN	2.2 NAME	5671 Michelangelo St
STREET ADDRESS	2470 NW 14	2.3 STREET ADDRESS	AA/am, FL
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	
TITLE	TD	3.1 TITLE	
NAME	PACHES, ELVIRA	3.2 NAME	700001430867
STREET ADDRESS	400 SW 19TH AVE.	3.3 STREET ADDRESS	-03/16/95--01003--009
CITY- ST- ZIP	MIAMI FL	3.4 CITY- ST- ZIP	****130.00 ****130.00
TITLE	VSD	4.1 TITLE	
NAME	HERNANDEZ, ROGER	4.2 NAME	
STREET ADDRESS	5249 N.W. 7TH ST. #403	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	
NAME	VALLINA, EMILIO	5.2 NAME	
STREET ADDRESS	1301 W. FLAGLER ST.	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: Elvira Pachés Elvira Pachés 2-6-95 6428920  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date System Issue #