

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **751866**

1. Corporation Name

**LEONES CUBANOS EN EL EXILIO INC.**

Principal Place of Business

Mailing Address

**400 S.W. 19th Ave  
Miami, Fla. 33135**

3. Date Incorporated or Qualified

3a. Date of Last Report

**April 2nd, 1980**

**2-6-95**

2. Principal Place of Business

2a. Mailing Address

21 **400 S.W. 19th Ave**

26 **same**

4. FEI Number

Applied For

**59-1995309**

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State **MIAMI FLORIDA**

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip **33135**

25 Country **DADE**

29 Zip **33135**

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSE I. BEAMUD  
3631 S.W. 6th St  
Miami, Fla. 33135-2520**

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 617.003, Florida Statutes.

SIGNATURE

**José I. Beamud**

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

**3/27/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE **PD**  Change  Addition  
12 NAME **Angel de Pedro**  
13 STREET ADDRESS **4750 N.W. 6th St, Miami, FL 33126**  
14 CITY - ST - ZIP

TITLE **VPD ERNESTO BARRO**  DELETE  
NAME **12265 S.W. 16th Terr**  
STREET ADDRESS **Miami, Fla 33175**  
CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE **SD MANUEL G. MARIÑAS**  DELETE  
NAME **5671 Michaelangelo St**  
STREET ADDRESS **Miami, Fla. 33146**  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE **VSD JOSE I. BEAMUD**  DELETE  
NAME **3631 S.W. 6th St**  
STREET ADDRESS **Miami, Fla. 33135-2520**  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE **TD ELVIRA PACHES**  DELETE  
NAME **400 S.W. 19th Ave**  
STREET ADDRESS **Miami, Fla. 33135**  
CITY - ST - ZIP

51 TITLE **600001787896**  Change  Addition  
52 NAME **-04/22/96--01014--007**  
53 STREET ADDRESS **\*\*\*70.00**  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE **PAST P. LEONOR FERREIRA**  Change  Addition  
62 NAME **1420 S.W. 12th St**  
63 STREET ADDRESS **Miami, Fla. 33135**  
64 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 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, that I am an officer or director of the corporation or the receiver or custodian 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: **José I. Beamud**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**305-4438858**

Daytime Phone #

CR2E037 (12/95)

4-19-96