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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 400 S.W. 19TH AVENUE MIAMI FL 33135 US
Mailing Address: 400 S.W. 19TH AVENUE MIAMI FL 33135-3214 US

3. Date Incorporated or Qualified: 04/02/1980
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business: 21 4600 N.W. 7th St
2a. Mailing Address: 26 P.O. Box 352502

4. FEI Number: 59-1995309
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
City & State: 27 Miami, FL 33135

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 Miami, FL
City & State: 26 Miami, FL 33135

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 33125 Country: 25 FL
Zip: 29 Country: 30

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

9. Name and Address of Current Registered Agent
BEAMUD, JOSE I
3631 S.W. 6TH ST.
MIAMI FL 33135-2520

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 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, of 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: *Jose I. Beaud* (Jose I. BEAUD) 2-26-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 6 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Pedro, Angel; Marinas, Manuel An G Dr; Pachés, Elvira; Ferreira, Leonor; Beaud, Jose I; Barro, Ernesto.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include Jose I. Beaud (TD) and VSD Luis Garcia.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: *Jose I. Beaud* 2-26-97 443 8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 002020

CR2E037 (9/96)