

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751866 (5)
 1. Corporation Name
LEONES CUBANOS EN EL EXILIO, INC.



Principal Place of Business 4800 NW 7TH ST MIAMI FL 33125 US	Mailing Address P O BOX 352502 MIAMI FL 33135 US
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3. Date Incorporated or Qualified
04/02/1980

4. FEI Number
59-1995309

Applied For	
Not Applicable	

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

**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	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 *Jose I. Beamud* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	PEDRO, ANGEL	
STREET ADDRESS	4750 N.W. 6TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	
NAME	MARINAS, MANUEL AN G DR	
STREET ADDRESS	5671 MICHELANGELO ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	
NAME	PACHES, ELVIRA	
STREET ADDRESS	400 SW 19TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PP	
NAME	FERREIRA, LEONOR	
STREET ADDRESS	1420 S.W. 12TH ST.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	TD	
NAME	BEAMUD, JOSE I	
STREET ADDRESS	3631 S.W. 6TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	
NAME	BARRO, ERNESTO	
STREET ADDRESS	12265 S.W. 16TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PD		
1.2 NAME	MORAVIA CAPO		
1.3 STREET ADDRESS	925 N.W. 7th St #518 W		
1.4 CITY-ST-ZIP	Miami, Fla. 33125		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	TD		
3.2 NAME	Luis Garcia		
3.3 STREET ADDRESS	10411 S.W. 56th Terr		
3.4 CITY-ST-ZIP	Miami, Fla. 33173		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	VT		
5.2 NAME	JOse I. Beamud		
5.3 STREET ADDRESS	3631 S.W. 6th St.		
5.4 CITY-ST-ZIP	Miami, Fla. 33135-2520		
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(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: *Moravia Capó*

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