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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90044 036 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 751866**

1. Corporation Name

**LEONES CUBANOS EN EL EXILIO, INC.**

107053 - 90044 - 36

DEPARTMENT OF STATE

Principal Place of Business

4800 NW 7TH ST  
 MIAMI FL 33125  
 US

Mailing Address

P O BOX 352502  
 MIAMI FL 33135  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/02/1980

4. FEI Number

59-1995309

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**BEAMUD, JOSE I**  
**3831 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME CAPO, MORAVIA  
 STREET ADDRESS 925 NW 7TH ST, #518W  
 CITY-ST-ZIP MIAMI FL 33125

TITLE SD  DELETE  
 NAME MARINAS, MANUEL AN G DR  
 STREET ADDRESS 5671 MICHELANGELO ST.  
 CITY-ST-ZIP MIAMI FL

TITLE TD  DELETE  
 NAME GARCIA, LUIS  
 STREET ADDRESS 10411 SW 56TH TERR  
 CITY-ST-ZIP MIAMI FL 33173

TITLE P  DELETE  
 NAME FERREIRA, LEONOR  
 STREET ADDRESS 1420 S.W. 12TH ST.  
 CITY-ST-ZIP MIAMI FL 33135

TITLE VT  DELETE  
 NAME BEAMUD, JOSE I  
 STREET ADDRESS 3631 S.W. 6TH ST.  
 CITY-ST-ZIP MIAMI FL 33135

TITLE VPD  DELETE  
 NAME BARRO, ERNESTO  
 STREET ADDRESS 12265 S.W. 16TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33175

1.1 TITLE PD.  Change  Addition  
 NAME MARINAS, MANUEL G  
 STREET ADDRESS 5671 MICHELANGELO ST  
 CITY-ST-ZIP CORAL GABLES - FLA 33146

2.1 TITLE SD.  Change  Addition  
 NAME GARCERAN Hilda.  
 STREET ADDRESS 4600 NW 7ST  
 CITY-ST-ZIP MIAMI FLA 33125

3.1 TITLE TD.  Change  Addition  
 NAME MARIO DIAZ CPA  
 STREET ADDRESS 6815 W. FLAGLER ST. APT. 104  
 CITY-ST-ZIP MIAMI, FLA, 33144

4.1 TITLE P.  Change  Addition  
 NAME CAPO MORAVIA  
 STREET ADDRESS 925 NWT ST #518W  
 CITY-ST-ZIP MIAMI FL 33125

5.1 TITLE VT  Change  Addition  
 NAME SILVA MARINA  
 STREET ADDRESS 4713 N.W. 7 ST. APT 310  
 CITY-ST-ZIP MIAMI, FLA. 33126

6.1 TITLE VPD.  Change  Addition  
 NAME  
 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 1/15/99 (305) 668 5566  
 Date Daytime Phone #

CR2E037 (1/198)