

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

APPROVED

95 APR 26 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **759952 (5)**

T. Corporation Name

**FEDERATION OF CUBAN TELEPHONE WORKERS IN EXILE, INC.**

Principal Place of Business

Mailing Address

1390 SW 1ST, SUITE 101-F  
P.O. BOX 350217  
MIAMI FL 33135

1390 SW 1ST, SUITE 101-F  
P.O. BOX 350217  
MIAMI FL 33135

*CORRECTION*

*CORRECTION*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/09/1981**

3a. Date of Last Report  
**03/15/1994**

4. FEI Number  
**NOT APPLICABLE**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**\$68.75** Supplemental Fee Not Required

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

21. Principal Place of Business  
**1393 SW 1ST. ST**

2a. Mailing Address  
**P. O. Box 350217**

22. Suite, Apt. #, etc.  
**SUITE 101-F**

27. Suite, Apt. #, etc.  
**J. MARTI STA.**

23. City & State  
**MIAMI FL**

28. City & State  
**MIAMI FL**

24. Zip **33135** 25. Country **U S A**

29. Zip **33135** 30. Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AGUADO, FERNANDO  
11901 SW 51ST ST  
MIAMI FL 33175**

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 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

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

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

DATE

12. OFFICERS AND DIRECTORS

13. CORRECTIONS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **FERNANDO, AGUADO**  
STREET ADDRESS **11901 SW 51ST ST**  
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE  
1.2 NAME **AGUADO, FERNANDO**  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP **33175**  Change  Addition

TITLE **DT**  
NAME **PEREIRA, JUAN**  
STREET ADDRESS **1303 NW 32 AVE**  
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP **33125**  Change  Addition

TITLE **D**  
NAME **SOSA, VINCENTE N**  
STREET ADDRESS **8053 SW 9TH TERRACE**  
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP **33144**  Change  Addition

TITLE **D**  
NAME **PICAZO, RAFAEL**  
STREET ADDRESS **3300 SW 7TH ST.**  
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP **33135**  Change  Addition

TITLE **D**  
NAME **NUNEZ, JUAN A**  
STREET ADDRESS **1040 W 53 TERR**  
CITY - ST - ZIP **HALEAH FL**

5.1 TITLE  
5.2 NAME **NUNEZ, JUAN M**  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP **33012**  Change  Addition

TITLE **DS**  
NAME **BORROTO, AMELIA**  
STREET ADDRESS **1855 NW 15 AVE #1112**  
CITY - ST - ZIP **MIAMI FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP **33125**  Change  Addition

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 address.

SIGNATURE:

*Fernando Aguado*  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMICILE OFFICER OR DIRECTOR  
**Fernando Aguado President**

April 5th., 1995 (305) 642-6423

Date

Daytime Phone #

CK-1306