

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 # 759952 (5)
1. Corporation Name
FEDERATION OF CUBAN TELEPHONE WORKERS IN EXILE, INC.



Principal Place of Business: 945 SW 87TH AVE., FLR 2 MIAMI FL 33144 US
Mailing Address: P.O. BOX 350217 J MARTI STA MIAMI FL 33135 US

3. Date Incorporated or Qualified: 09/09/1981
3a. Date of Last Report: 04/26/1995
4. FEI Number: 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23 MIAMI FL
24 Zip: 33174-3206
25 Country
2a. Mailing Address: 26 P. O. BOX 650100
27 Suite, Apt. #, etc.
28 City & State: MIAMI FL
29 Zip: 33265-0100
30 Country

9. Name and Address of Current Registered Agent
AGUADO, FERNANDO
11901 SW 51ST ST
MIAMI FL 33175

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: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	AGUADO, FERNANDO
STREET ADDRESS	11901 SW 51ST ST
CITY-ST-ZIP	MIAMI FL
TITLE	DT <input checked="" type="checkbox"/> DELETE (Deceased)
NAME	PEREIRA, JUAN
STREET ADDRESS	1303 NW 32 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SOSA, VICENTE N
STREET ADDRESS	8053 SW 9TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PICAZO, RAFAEL
STREET ADDRESS	3300 SW 7TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NUNEZ, JUAN M
STREET ADDRESS	1040 W 53 TERR
CITY-ST-ZIP	HIALEAH FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	BORROTO, AMELIA
STREET ADDRESS	1855 NW 15 AVE #1112
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUBIERA, MARTA
2.3 STREET ADDRESS	70 SW 30 AVE # 5
2.4 CITY-ST-ZIP	MIAMI FL 33135
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SOSA, VICENTE N
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BORROTO, LUISA A.
6.3 STREET ADDRESS	
6.4 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: [Signature] April 25th., 1996 264-0444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 CK-1408

CR2E037 (12/95)