

FILE NOW: FILING FEE IS \$61.25

ck.  
1008

FILED  
Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 759952 (5)**

1. Corporation Name  
**FEDERATION OF CUBAN TELEPHONE WORKERS IN EXILE, INC.**



Principal Place of Business <b>945 SW 87TH AVE., FLR 2 MIAMI FL 33174-3206 US</b>	Mailing Address <b>P.O. BOX 650100 MIAMI FL 33265-0100 US</b>
--	--

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

4. FEI Number  
**NOT APPLICABLE**

Applied For	Not Applicable
-------------	----------------

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

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

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

10. Name and Address of New Registered Agent

81 Name	<b>PICAZO, RAFAEL</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3300 SW 7TH ST</b>
83	
84 City	<b>MIAMI</b>
85 Zip Code	<b>FL 33135</b>

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 **RAFAEL PICAZO** **3-30-1998**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUADO, FERNANDO</b>	1.2 NAME	
STREET ADDRESS	<b>11901 SW 51ST ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBIERA, MARTA</b>	2.2 NAME	
STREET ADDRESS	<b>70 SW 30TH AVE #5</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOSA, VICENTE N</b>	3.2 NAME	
STREET ADDRESS	<b>8053 SW 9TH TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICAZO, RAFAEL</b>	4.2 NAME	
STREET ADDRESS	<b>3300 SW 7TH ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNEZ, JUAN M</b>	5.2 NAME	
STREET ADDRESS	<b>1040 W 53 TERR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORROTO, LUISA A.</b>	6.2 NAME	
STREET ADDRESS	<b>1855 NW 15 AVE #1112</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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, on an attachment with an address.

SIGNATURE: **Vicente N. Sosa** **3-30-1998 (305) 264-0444**

CR2E037 (10/97)