

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766001 (2)
 1. Corporation Name
FACTS ABOUT CUBAN EXILES, INC.



Principal Place of Business	Mailing Address
2340 W 8TH AVENUE JOSE CANCELA OFFICE HIALEAH FL 33010 US	2340 W 8TH AVENUE JOSE CANCELA OFFICE HIALEAH FL 33010 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1982	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business	2a. Mailing Address
21 701 BRICKELL AVE	26 P.O. BOX 450926
Suite, Apt. #, etc. 22 33rd FL	Suite, Apt. #, etc. 27 ---
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33131	Country 25 DADE
	Zip 29 33245
	Country 30 DADE

4. FEI Number 59-2258932	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CANCELA, JOSE C
 2340 W 8TH AVENUE
 HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name SANDRA GONZALEZ-LEVY
82 Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE
83 33rd FLOOR
84 City MIAMI
85 Zip Code FL 33131

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARROS, CRISTINA M	
STREET ADDRESS	2340 W 8TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOTIFOLL, LUIS	
STREET ADDRESS	245 SE FIRST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERDEJA, SAM	
STREET ADDRESS	THE MIAMI HERALD, ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL	
TITLE	CDM	<input checked="" type="checkbox"/> DELETE
NAME	CARRIGO, JOSE RAMON	
STREET ADDRESS	1395 BRICKELL 9TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	*CDM	<input type="checkbox"/> DELETE
NAME	CANCELA, JOSE C	
STREET ADDRESS	2340 W 8TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BORROTO, MARILYN	
STREET ADDRESS	241 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SANDRA GONZALEZ-LEVY	
1.3 STREET ADDRESS	701 BRICKELL AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 *Sandra Gonzalez-Levy*
 (305) 350-7023

CR2E037 (4/97)