

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

05 MAY 16 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11014** (0)
1. Corporation Name
MUNICIPALITIES OF CUBA IN EXILE (OFFICIAL) INC.

Principal Place of Business Mailing Address
4800 NORTHWEST 7TH STREET MIAMI FL 33126 **4800 NORTHWEST 7TH STREET MIAMI FL 33126**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/09/1985** 3a. Date of Last Report **06/14/1994**

4. FEI Number **59-2831032** 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

9. Name and Address of Current Registered Agent
**ESTORINO, JULIO
1024 NW 18TH PL
MIAMI FL 33125**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUDELA, MIGUEL A.	1.2 NAME	JUAN REINERIO GONZALEZ
STREET ADDRESS	1961 SW 62 AVE	1.3 STREET ADDRESS	1781 NW 16 TERR
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami Florida.325-9638
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDOMO, ANDRES R.	2.2 NAME	
STREET ADDRESS	321 SW 37TH AVE., #4	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENCINOSA, PEDRO	3.2 NAME	ARNALDO AGUILERA
STREET ADDRESS	2252 SW 405 CT	3.3 STREET ADDRESS	2550 SW 2 ST
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Miami Florida.33135
TITLE	S	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, JUAN	4.2 NAME	MIRIAM QUIROS
STREET ADDRESS	2706 G.W. 112TH AVE.	4.3 STREET ADDRESS	444 SW 64 CT
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	Miami, Florida 33144
TITLE	D	5.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ROLANDO	5.2 NAME	GUSTAVO MATA
STREET ADDRESS	50 SW 30TH CT.	5.3 STREET ADDRESS	13235 SW 104 TERR
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	Miami Florida 33186
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTORINO, JULIO	6.2 NAME	
STREET ADDRESS	6551 SW 127TH PATH	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juan R. Gonzalez **JUAN R. GONZALEZ** 05-10-95 (705) 447-8866
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Type in Year)