

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N11014 (0)

1. Corporation Name
 MUNICIPALITIES OF CUBA IN EXILE (OFFICIAL) INC.



Principal Place of Business Mailing Address
 4600 NORTHWEST 7TH STREET 4600 NORTHWEST 7TH STREET
 MIAMI FL 33126 MIAMI FL 33126

3. Date Incorporated or Qualified
 09/09/1985
 4. FEI Number 59-2831032 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

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
 PEREDA, ROBERTO
 3503 SW 6 ST
 MIAMI FL 33135

10. Name and Address of New Registered Agent
 81 Name Miguel M. Salas
 82 Street Address (P.O. Box Number is Not Acceptable) 2050 NW 16th Terr Apt. #109-E
 83
 84 City Miami FL 85 Zip Code 33125

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 *Miguel M. Salas* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | PEREDA, ROBERTO | |
| STREET ADDRESS | 3503 SW 6 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BRITO, JOSE | |
| STREET ADDRESS | 5033 NW 7 ST #206 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DIAZ, SILVIA | |
| STREET ADDRESS | 1341 SW 74 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | QUIROS, MIRIAM | |
| STREET ADDRESS | 444 S W 64TH CT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MATA, GUSTAVO | |
| STREET ADDRESS | 13235 S W 104TH TERR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ENRIQUEZ, FRANCISCO | |
| STREET ADDRESS | 444 SW 27 AVE #23 | |
| CITY-ST-ZIP | MIAMI FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MIGUEL M. SALAS | |
| 1.3 STREET ADDRESS | 2050 NW 16th Terr #109-E | |
| 1.4 CITY-ST-ZIP | Miami, Fl. 33125 | |
| 2.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | GUILLERMO A. REVUELTA | |
| 2.3 STREET ADDRESS | 3437 NW 15th St | |
| 2.4 CITY-ST-ZIP | Miami, Fl. 33125 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | JUAN R. GONZALEZ | |
| 5.3 STREET ADDRESS | 1781 NW 15th Terr | |
| 5.4 CITY-ST-ZIP | Miami, Fl. 33125 | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | CATALINA MARTIN | |
| 6.3 STREET ADDRESS | 925 NW 7th St. Rd | |
| 6.4 CITY-ST-ZIP | Miami, Fl. 33136 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(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: *Miguel M. Salas* President 7-15/98 305-447-8866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)