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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11014

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

Principal Place of Business 4600 NORTHWEST 7TH STREET MIAMI FL 33126	Mailing Address 4600 NORTHWEST 7TH STREET MIAMI FL 33126
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525060-90075-28



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/09/1985	4. FEI Number 59-2831032	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

SALAS, MIGUEL M.
2050 NW 16TH TERRACE
APT #109-E
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name **CABARGA, JULIO**
 82 Street Address (P.O. Box Number is Not Acceptable)
5761 W 2 CT
 83 **HIALEAH, FLORIDA 33012**
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SALAS, MIGUEL M.	
STREET ADDRESS	2050 NW 16TH TERRACE #109-E	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REVUELTA, GUILLERMO A.	
STREET ADDRESS	3437 NW 15TH ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JUAN R.	
STREET ADDRESS	1781 NW 16TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CATALINA, MARTIN	
STREET ADDRESS	925 NW 7TH ST RD	
CITY-ST-ZIP	MIAMI FL 33136	

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	CABARGA, JULIO	
1.3 STREET ADDRESS	5761 W 2 CT	
1.4 CITY-ST-ZIP	HIALEAH, FLORIDA 33012	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRITO, JOSE	
3.3 STREET ADDRESS	5033 NW 7 ST 206	
3.4 CITY-ST-ZIP	Miami, Florida 33126	
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	PEREDA, ROBERTO	
5.3 STREET ADDRESS	3503 SW 6 ST	
5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33135	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SANCHEZ, RICARDO	
6.3 STREET ADDRESS	41 NW 59 CT	
6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33126	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED **ROBERTO PEREDA** 4/ 29/ 99 305- 447-8866
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)