

"AMENDED"
**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N11014
 1. Entity Name
 MUNICIPALITIES OF CUBA IN EXILE (official)
 INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4610 NW 7th St.
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. BOX 35-0263
 Suite, Apt. #, etc.

City & State
 Miami Florida
 Zip 33126 Country U.S.

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 Miami, Florida
 Zip 33126 Country U.S.

4. FEI Number 59-2831032
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name Silvia Diaz
 Street Address (P.O. Box Number is Not Acceptable)
 1341 SW 74th Ave.
 City Miami FL Zip Code 33144

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Silvia Diaz* Silvia Diaz-President 6-13-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEES IS \$61.25
 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-Silvia Diaz 1341 SW 74th Ave. Miami, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500006446045 -07/16/02--01041--005 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Pedro M. Penaranda 2800 S.W. 117th Miami FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-D Miguel A. Tudela 1951 S.W. 62th Ave. Miami FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Guillermo Revuelta 3437 NW 15th St. Miami, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Jose Brito 5033 NW 7st.# 206 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. A. Tudela* Miguel A. Tudela-Sec. 6-13-02 305 -447-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 02 JUL -2 PM 2:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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