

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N14312** (5)

1. Corporation Name
JUNTA PATRIOTICA CUBANA, INC.



Principal Place of Business: **4600 N.W. 7TH STREET MIAMI FL 33126-2309**
Mailing Address: **4600 N.W. 7TH STREET MIAMI FL 33126-2309**

3. Date Incorporated or Qualified: **04/10/1986**
3a. Date of Last Report: **03/15/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2668495	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Country	29	Country				
		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE CARDENAS, MARIO E.
14 N.E. FIRST AVE. #704
MIAMI FL 33132**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ-ARAGON, ROBERTO DR.	1.2 NAME	ING. ERNESTINO ABREU H.
STREET ADDRESS	935 SW 24 ROAD	1.3 STREET ADDRESS	11911 SW 122 Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33186
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Vice Presidente <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, ING. ERNESTINO	2.2 NAME	Facundo Pomar
STREET ADDRESS	2750 SW 128TH ST	2.3 STREET ADDRESS	70 West 95th St. #1-G
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	New York, NY
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	Vice Presidente <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-FRANCO, JUAN	3.2 NAME	2320 SW 57 Ave
STREET ADDRESS	600 GREGTHREE DR #10FS	3.3 STREET ADDRESS	Miami, Florida 33155
CITY-ST-ZIP	KEY BISCCAYNE FL	3.4 CITY-ST-ZIP	Arg. Felibe Fontanills
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	Vice-Presidente <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMAR, FACUNDO	4.2 NAME	Guillermo Revuelta
STREET ADDRESS	70 WEST 95TH ST #1-G	4.3 STREET ADDRESS	3437 NW 15 Street
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	Tesorero <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOZA, ZENOBIO DR	5.2 NAME	Eddy Riquenes
STREET ADDRESS	1922 SW 72 PL	5.3 STREET ADDRESS	5910 SW 10 Street
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	West Miami, Fl 33144
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	Vice-Tesorero <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, JORGE ALVAREZ	6.2 NAME	Jorge Moniz
STREET ADDRESS	13501 SW 38 STREET	6.3 STREET ADDRESS	3959 SW 60 Place
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, Florida 33155

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone # _____

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)