

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 AM 8:38

**DOCUMENT # N22284 (6)**  
1. Corporation Name  
**PRESIDIO POLITICO CUBANO DE MUJERES, INC.**

Principal Place of Business Mailing Address  
**903 S.W. 3 STREET  
APT.2  
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/31/1987** 3a. Date of Last Report **02/03/1994**  
4. FEI Number **59-2627083** 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

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

9. Name and Address of Current Registered Agent  
**LAZARO-BETHANIA, FELIPE  
407 NW 9 AVE APT 4  
MIAMI FL 33128**  
*903 SW 3 ST APT 2  
33130*

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 reinstating)

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME **REGALADO MOLINA, TOMAS**  
STREET ADDRESS **2550 SW 2 ST**  
CITY-ST-ZIP **MIAMI FL**  
TITLE D  
NAME **LAZARO-BETHANIA, FELIPE**  
STREET ADDRESS **107 NW 9 AVE. APT.4**  
CITY-ST-ZIP **MIAMI FL**  
TITLE D  
NAME **PARLADE, TERESA**  
STREET ADDRESS **1236 SEVILLA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL**  
TITLE PD  
NAME **MORA, ESTHER PILAR**  
STREET ADDRESS **107 NW 9 AVE. APT.4**  
CITY-ST-ZIP **MIAMI FL**  
TITLE V  
NAME **ARGUDIN, GLORIA**  
STREET ADDRESS **1921 SW 107TH AVENUE #205**  
CITY-ST-ZIP **MIAMI FL**  
TITLE S  
NAME **BERMUDEZ, MARIA MILAGROS**  
STREET ADDRESS **6590 SW 33 ST**  
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS *903 SW 3 ST apt #2*  
2.4 CITY-ST-ZIP *Miami FL 33130*  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS *1903 SW 3 ST apt #2*  
4.4 CITY-ST-ZIP *Miami FL 33130*  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(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: *[Signature]* X *Felipe Lazaro-Bethania* 1/26/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date