

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

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APT.2  
MIAMI FL 33130

3. Date Incorporated or Qualified  
**08/31/1987**

3a. Date of Last Report  
**02/02/1995**

2. Principal Place of Business

2a. Mailing Address

21 **903 SW 3rd St apt 2**

26 Suite, Apt. #, etc.

22 **APT 2**

27 City & State

23 **MIAMI FL**

28 City & State

24 **33130**

25 **USA**

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAZARO-BETHANIA, FELIPE**  
903 SW 3RD ST APT 2  
MIAMI FL 33130-2226

81 Name **FELIPE LAZARO BETHANIA**  
82 **903 SW 3RD ST APT 2**  
**MIAMI FL 33130-2226**  
83 **MIAMI**  
84 City **FLORIDA** **FL** 85 Zip Code **33130**

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 617.0502, Florida Statutes.

SIGNATURE

*Felipe Lazaro Bethania*

**2/12/96**

Signature, typed or printed name of Registrant, and Title (if applicable) (NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REGALADO MOLINA, TOMAS</b>	
STREET ADDRESS	<b>2550 SW 2 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAZARO-BETHANIA, FELIPE</b>	
STREET ADDRESS	<b>903 SW 3 ST APT #2</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PARLADE, TERESA</b>	
STREET ADDRESS	<b>1236 SEVILLA AVE.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORA, ESTHER PILAR</b>	
STREET ADDRESS	<b>1903 SW 3ST APT #2</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ARGUDIN, GLORIA</b>	
STREET ADDRESS	<b>1921 SW 107TH AVENUE #205</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BERMUDEZ, MARIA MILAGROS</b>	
STREET ADDRESS	<b>6590 SW 33 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PE ESTHER PILA MORA</b>
4.3 STREET ADDRESS	<b>903 SW 3ST, APT 2</b>
4.4 CITY-ST-ZIP	<b>MIAMI FLA 33130</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>500001763995</b>
6.3 STREET ADDRESS	<b>-04/01/96--01020--017</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Felipe Lazaro Bethania*

**2/14/96**

Date: Daytime Phone #

CR25037 (12/95)

3-30-1996