

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

CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N 40539 (1)**
1. Corporation Name
PARTIDO DEMOCRATA CRISTIANO DE CUBA CORP.

Principal Place of Business Mailing Address
8500 S.W. 8 PL. Suite 218 MIAMI, FL. 33144. **P.O. Box 558987 MIAMI, FL. 33255**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/90	3a. Date of Last Report 11-02-95
4. FEI Number 65-0231977	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**LOURDES GOMEZ.
1901 BRICKELL AVE. Apt. B-1806
MIAMI, FL. 33129**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	JOSE IGNACIO RASCO
STREET ADDRESS	8250 S.W. 31 ST.
CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	D
NAME	HUMBERTO ESTEVE ABRIL
STREET ADDRESS	8871 S.W. 4 LANE.
CITY-ST-ZIP	MIAMI, FL. 33174
TITLE	D
NAME	SIRO DEL CASTILLO
STREET ADDRESS	2425 S.W. 27 LANE.
CITY-ST-ZIP	MIAMI, FL. 33133
TITLE	DT
NAME	LOURDES GOMEZ.
STREET ADDRESS	1901 BRICKELL AVE. Apt. B-1806
CITY-ST-ZIP	MIAMI, FL. 33129.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001882935
5.3 STREET ADDRESS	-07/03/96--01024--023
5.4 CITY-ST-ZIP	***70.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 this 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, with an attachment with an address.

SIGNATURE: **X Humberto Esteve** (Humberto Esteve)
Date: **4/29/96** (305) 264-9411.
Daytime Phone # **CS 712/96**