


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90244 030 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40539**

1. Corporation Name  
**PARTIDO DEMOCRATA CRISTIANO DE CUBA CORP.**

Principal Place of Business 8500 SW 8 PL SUITE 218 MIAMI FL 33144	Mailing Address P.O. BOX 558987 MIAMI FL 33255
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2. Principal Place of Business 21 <b>8500 S.W. 8 St.</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1990
Suite, Apt. #, etc. 22 <b>218</b>	Suite, Apt. #, etc. 27	4. FEI Number 65-0231977
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent

**GUERRA, PEDRO L.**  
**85 GRAND CANAL DR**  
**SUITE 108**  
**MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ 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	DP	<input type="checkbox"/> DELETE
NAME	SANCHEZ, RAFAEL	
STREET ADDRESS	6831 SUNRISE CT	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMBERTO E STEVE	
STREET ADDRESS	9220 SW 103RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTILLO, SIRO D	
STREET ADDRESS	2425 S.W. 27 LANE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GUERRA, PEDRO L.	
STREET ADDRESS	7860 SW 22ND ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** **04/29/99 (305)267-1024**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)