


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90174 008 \*\*\*150.00

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P98000056048**

1. Corporation Name  
**SECRETARIAT OF THE COALITION FOR CUBAN CONSTITUTIONAL LEGITIMACY 1940, INC. (C. 1940 ART. 149)**

|   |   |
|---|---|
| Principal Place of Business<br>5200 S.W. 8TH STREET<br>STE. #A<br>CORAL GABLES FL 33134 | Mailing Address<br>5200 S.W. 8TH STREET<br>STE. #A<br>CORAL GABLES FL 33134 |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |  |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 4. FEI Number<br><b>65-0845305</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable              |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | \$8.75 Additional Fee Required                                      |  |
| 22                             | City & State        | 27                  | City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
| 23                             | Zip Country         | 28                  | Zip Country         | 8. This corporation owes the current year Intangible Personal Property Tax.     |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |  |  |   |  |             |  |
|--|--|--|--|---|--|-------------|--|
| 8. Name and Address of Current Registered Agent<br><b>VAZQUEZ, JOSE R<br/>5200 S.W. 8TH STREET<br/>STE. #A<br/>CORAL GABLES FL 33134</b> |  |  |  | 10. Name and Address of New Registered Agent          |  |             |  |
| 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 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 re-registering)

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>CERVANTES, RAFAEL T<br/>9541 CHAIN BRIDGE RD. STE 7<br/>FAIRFAX VA 22030</b> <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>RICARDO, RUBEN<br/>5181 COLLINS AE. APT 1701<br/>MIAMI BEACH FL 33140</b> <input type="checkbox"/> DELETE   | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>VAZQUEZ, JOSE R<br/>5200 SW 8TH STREET STE #A<br/>CORAL GABLES FL 33134</b> <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RIQUENES, EDDY<br/>5910 SW 10TH STREET<br/>WEST MIAMI FL 33144</b> <input type="checkbox"/> DELETE           | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CARRILLO, FRANCISCO<br/>3020 N.W. FLAGLER TERRACE<br/>MIAMI FL 33125</b> <input type="checkbox"/> DELETE     | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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 \_\_\_\_\_ Date: 3/11/99 Daytime Phone #: 760 443 0188

CR2034 (11/98)