

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90089 021 \*\*\*\*70.00

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1. Corporation Name

PRESIDIO POLITICO CUBANO, INC.

Principal Place of Business

807 S.W. 25TH AVENUE  
SUITE 203  
MIAMI FL 33135

Mailing Address

807 S.W. 25TH AVENUE  
SUITE 203  
MIAMI FL 33135



2. Principal Place of Business

21 807 S.W. 25 Ave

Suite, Apt. #, etc.

22 208

City & State

23 Miami, FL

Zip

Country

24 33135

25 USA

2a. Mailing Address

26 807 S.W. 25 Ave

Suite, Apt. #, etc.

27 208

City & State

28 Miami, FL

Zip

Country

29 33135

30 USA

3. Date Incorporated or Qualified

04/24/1996

4. FEI Number

65-0660272

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

9. Name and Address of Current Registered Agent

LOPEZ, MANUEL  
2728 SW 34 AVE  
MIAMI FL 33133

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PATINO, FRANCISCO  
STREET ADDRESS 1720 SW 32 CT  
CITY-ST-ZIP MIAMI FL 33145  
☐ DELETE

TITLE SD  
NAME RIVAS-PORTA, GUILLERMO  
STREET ADDRESS 1720 SW 32 CT.  
CITY-ST-ZIP MIAMI FL 33145  
☒ DELETE

TITLE TD  
NAME LOPEZ, MANUL  
STREET ADDRESS 2728 S.W. 34 AVE.  
CITY-ST-ZIP MIAMI FL 33134  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE SD  
2.2 NAME Roberto Patino  
2.3 STREET ADDRESS 8350 SW 27 LN  
2.4 CITY-ST-ZIP Miami, FL. 33155  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ 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 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: MANUEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-09-99

305-644-9160

0030143

CR2E037-11198