

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704687 (3)

1. Corporation Name

THE NATIONAL JOURNALISTS' ASSOCIATION OF CUBA IN EXILE, INC.



Principal Place of Business

Mailing Address

900 S.W. 1ST STREET
2ND FLOOR
MIAMI FL 33130

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2ND FLOOR
MIAMI FL 33130

3. Date Incorporated or Qualified: **10/18/1962**
3a. Date of Last Report: **02/21/1995**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number	Applied For
59-1753963	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DEL PINO, ARTURO
1245 S.W. 5 ST. #1
MIAMI FL 33135

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 type for printed name of registered agent and then applicable

Printed Registered Agent signature required when remaining

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP REPOS, ARIEL 4555 ALTON ROAD MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE	DT IGLESIAS, AURELIO T 4140 SW 82ND CT MIAMI FL	<input type="checkbox"/> DELETE
TITLE	DS DEL PINO, ARTURO 1245 S.W. 5TH ST. MIAMI FL	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE

11	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	ALEJANDRE, A. ARMANDO	
13	STREET ADDRESS	7525 S.W. 62nd Street	
14	CITY - ST - ZIP	Miami, FL., 33143-1713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME		
23	STREET ADDRESS		
24	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME		
33	STREET ADDRESS		
34	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME		
43	STREET ADDRESS		
44	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME		
53	STREET ADDRESS		
54	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME		
63	STREET ADDRESS		
64	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 its 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: *Arturo Del Pino Iglesias* **2-1-96 (305)324-6066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)