FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739070 (1)

1. Corporation Name

RADIO CLUB OF CUBA-EXILE, INC.(RADIO CLUB DE CUBA-EXILIO, INC.)

Principal Place of Business	Mailing Address
5440 SW 93RD AVE. P.O. BOX 350571 MIAMI FL 33135	5440 SW 93RD AVE. P.O. BOX 350571 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1977
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1772574 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

RIBAS, MARIO E.
5440 SW 93 AVE.
MIAMI FL 33165

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PONTE, RAMON L	1.2 NAME	MELLADO, LUIS F.	
STREET ADDRESS	4000 NW 6TH ST	1.3 STREET ADDRESS	5865 S.W 128 CT.	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CORTES, JESSE	2.2 NAME	TABOADA, ARTURO	
STREET ADDRESS	7247 NW 4 ST	2.3 STREET ADDRESS	981 S.W 87 CT	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33184	
TITLE	TD	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	ESNARD, RAUL	3.2 NAME	ESNARD RAUL	
STREET ADDRESS	3400 S.W. 121 AVENUE	3.3 STREET ADDRESS	3400 S.W 121 AVE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33175	
TITLE	S	4.1 TITLE	S	☐ Change ☐ Addition
NAME	GARCIA, GIL	4.2 NAME	GARCIA GIL	
STREET ADDRESS	2851 WEST, 76 ST UNIT 201	4.3 STREET ADDRESS	2851 WEST 76 ST UNIT 201	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Raul Esnard TD 4/24/95 (305) 554-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041051