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Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 751866 (5)

1. Corporation Name

LEONES CUBANOS EN EL EXILIO, INC.

Principal Place of Business

Mailing Address

400 S.W. 19TH AVENUE  
MIAMI FL 33135  
US400 S.W. 19TH AVENUE  
MIAMI FL 33135-3214  
US3. Date Incorporated or Qualified  
04/02/19803a. Date of Last Report  
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 4600 N.W. 7th St

26 P.O. Box 352502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Miami, Fl.

28 Miami, Fl. 33135

Zip

Country

Zip

Country

24 33125

25 FL.

29

30

4. FEI Number  
59-1995309Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAMUD, JOSE I  
3631 S.W. 6TH ST.  
MIAMI FL 33135-2520

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PEDRO, ANGEL  
STREET ADDRESS 4750 N.W. 6TH ST.  
CITY-ST-ZIP MIAMI FL 331261.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD  
NAME MARINAS, MANUEL AN G DR  
STREET ADDRESS 5671 MICHELANGELO ST.  
CITY-ST-ZIP MIAMI FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD  
NAME PACHES, ELVIRA  
STREET ADDRESS 400 SW 19TH AVE.  
CITY-ST-ZIP MIAMI FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE PP  
NAME FERREIRA, LEONOR  
STREET ADDRESS 1420 S.W. 12TH ST.  
CITY-ST-ZIP MIAMI FL 331354.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VSD  
NAME BEAMUD, JOSE I  
STREET ADDRESS 3631 S.W. 6TH ST.  
CITY-ST-ZIP MIAMI FL 33135-25205.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE VPD  
NAME BARRO, ERNESTO  
STREET ADDRESS 12285 S.W. 16TH TERRACE  
CITY-ST-ZIP MIAMI FL 331756.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029020

CR2E037 (9/96)