

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90044 036 ****61.25

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DOCUMENT # 751866

1. Corporation Name

LEONES CUBANOS EN EL EXILIO, INC.

Principal Place of Business

4800 NW 7TH ST
MIAMI FL 33125
US

Mailing Address

P O BOX 352502
MIAMI FL 33135
US

107053 - 90044 - 36

DEPARTMENT OF STATE



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/02/1980

4. FEI Number

59-1995309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

City & State

23

City & State

City & State

28

Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

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

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 CAPO, MORAVIA
STREET ADDRESS 925 NW 7TH ST. #518W
CITY-ST-ZIP MIAMI FL 33125

☐ DELETE

TITLE SD
NAME MARINAS, MANUEL AN G DR
STREET ADDRESS 5671 MICHELANGELO ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE TD
NAME GARCIA, LUIS
STREET ADDRESS 10411 SW 56TH TERR
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE P
NAME FERREIRA, LEONOR
STREET ADDRESS 1420 S.W. 12TH ST.
CITY-ST-ZIP MIAMI FL 33135

☐ DELETE

TITLE VT
NAME BEAMUD, JOSE I
STREET ADDRESS 3631 S.W. 6TH ST.
CITY-ST-ZIP MIAMI FL 33135

☐ DELETE

TITLE VPD
NAME BARRO, ERNESTO
STREET ADDRESS 12265 S.W. 16TH TERRACE
CITY-ST-ZIP MIAMI FL 33175

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD.

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

MARINAS, MANUEL G
5671 MICHELANGELO ST
CORNL GRAD - FIA 33116

☐ Change ☐ Addition

2.1 TITLE SD.

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

GARCERAN Hilda.
4600 NW 7ST
MIAMI FIA 33125

☐ Change ☐ Addition

3.1 TITLE TD.

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

MARIO DIAZ CPA
6815 W. FLAGLER ST. APT. 104
MIAMI, FLA. 33144

☐ Change ☐ Addition

4.1 TITLE P.

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CAPO MORAVIA
925 NW 7ST #518W
MIAMI FID 33125

☐ Change ☐ Addition

5.1 TITLE VT

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SILVA MARINA
4713 N.W. 7ST. APT 310
MIAMI, FLA. 33126

☐ Change ☐ Addition

6.1 TITLE VPD.

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres 1/15/99 (305) 668-5566

CR2E037 (1/198)