

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sarah B. McMath  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

SEP 11 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **754409** (1)  
1. Corporate Name  
**PRESIDIO POLITICO HISTORICO CUBANO, INC.**

Principal Place of Business: 1647 S W 27TH AVENUE MIAMI FL 33145  
Mailing Address: 1647 S W 27TH AVENUE MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/29/1980</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199 USF, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 City 25 County	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City 29 County 30 County
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9. Name and Address of Current Registered Agent <b>CABALLERO, EMILIO C 1647 S W 27TH AVENUE MIAMI FL 33145</b>	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 <b>FL</b>
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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: \_\_\_\_\_ (Signature of Registered Agent and FEI Application) \_\_\_\_\_ (Registered Agent signature required when registering) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>PD FELIPE B. ALONSO 1140 S.W. 13 AVE. MIAMI, FL 00000</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>VP-D ORLANDO, MARTINEZ 1140 S.W. 13 AVE. MIAMI, FL 00000</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>SD ESCANDON, ANNETTE 1140 S.W. 13 AVE. MIAMI, FL 00000</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>TD CANCIO, MARCOS GOMEZ 1140 S.W. 13 AVE. MIAMI, FL 00000</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>VSD MARTA DE LA PAZ 1140 S.W. 13 AVE. MIAMI, FL 00000</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>VTD DIEGO MARQUEZ 1140 S.W. 13 AVE. MIAMI, FL 00000</b>	61 TITLE 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 110.07(2)(b), 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: *Marcos Gomez Cancio* (MARCOS GOMEZ CANCIO)- 642-0377.  
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR