

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **759952** (5)

1. Corporation Name

FEDERATION OF CUBAN TELEPHONE WORKERS IN EXILE, INC.

Principal Place of Business

**945 SW 87TH AVE., FLR 2
MIAMI FL 33144
US**

Mailing Address

**P.O. BOX 350217
J MARTI STA
MIAMI FL 33135
US**



3. Date Incorporated or Qualified
09/09/1981

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **P. O. BOX 650100**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 City & State

28 **MIAMI FL**

24 Zip **33174-3206**

Country

29 Zip **33265-0100**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. 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

**AGUADO, FERNANDO
11901 SW 51ST ST
MIAMI FL 33175**

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** ☐ DELETE
NAME **AGUADO, FERNANDO**
STREET ADDRESS **11901 SW 51ST ST**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DT** ☒ DELETE
NAME **PEREIRA, JUAN** (Deceased)
STREET ADDRESS **1303 NW 32 AVE**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D RUBIERA, MARTA**
2.3 STREET ADDRESS **70 SW 30 AVE # 5**
2.4 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **D** ☐ DELETE
NAME **SOSA, VICENTE N**
STREET ADDRESS **8053 SW 9TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SOSA, VICENTE N**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PICAZO, RAFAEL**
STREET ADDRESS **3300 SW 7TH ST.**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DT**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NUNEZ, JUAN M**
STREET ADDRESS **1040 W 53 TERR**
CITY-ST-ZIP **HIALEAH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **BORROTO, AMELIA**
STREET ADDRESS **1855 NW 15 AVE #1112**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **BORROTO, LUISA A.**
6.3 STREET ADDRESS
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)(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 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25th., 1996

(305) 2
264-0444

Date

Daytime Phone #

CK-1408

CR2E037 (12/95)