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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90009 006 ****61.25

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 759952

1. Corporation Name

FEDERATION OF CUBAN TELEPHONE WORKERS IN EXILE, INC.

Principal Place of Business

945 SW 87TH AVE., FLR 2
MIAMI FL 33174-3206
US

Mailing Address

~~P.O. BOX 650100~~
~~MIAMI FL 33265-0100~~
~~US~~



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 **P.O. Box 440684**

Suite, Apt. #, etc.

27 City & State

28 **MIAMI FL**

Zip Country

29 **33144-0684** 30 **US**

3. Date Incorporated or Qualified

09/09/1981

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

PICAZO, RAFAEL
3300 SW 7TH ST
MIAMI FL 33135

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 | VD | <input type="checkbox"/> DELETE |
| NAME | AGUADO, FERNANDO | |
| STREET ADDRESS | 11901 SW 51ST ST | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RUBIERA, MARTA | |
| STREET ADDRESS | 70 SW 30TH AVE #5 | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SOSA, VICENTE N | |
| STREET ADDRESS | 8053 SW 9TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | PICAZO, RAFAEL | |
| STREET ADDRESS | 3300 SW 7TH ST. | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|----------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NUNEZ, JUAN M | |
| STREET ADDRESS | 1040 W 53 TERR | |
| CITY-ST-ZIP | HIALEAH FL | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | BORROTO, LUISA A. | |
| STREET ADDRESS | 1855 NW 15 AVE #1112 | |
| CITY-ST-ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 of Vicente N. Sosa
Signature Required

Vicente N. Sosa

2-15-1999

(305) 264-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)