2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCÚMENT # N0000006204 1. Entity Name INT ASSOC OF VETERANS OF WAR WAR ANTI COMMUNIST OF CUBA CORPORATION							Feb 09, 2004 08:00 AM Secretary of State			
						The state of the s	4			
Principal Place of Business				Mailing Address						
718 NW 29 ST MIAMI FL 33127				PO BOX 1158 MIAMI FL 33142						
2. Principal Place of Business SATIL AS ADDIC.				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt #, etc.				OORE CR2E	E037 (11/03)	
Ch. 9 Code				SAME AL ABOU						plied For
City & State			GII	Oily & State			4. FEI Number	55-1044636		t Applicable
Zip		Country	Zıç)	Cor	intry	5. Certificate of S	itatus Desired 🔲	\$8.75 Add Fee Regulred	
	6. Name	and Address of Cur	rent Registere	ed Agent	<u> </u>		7. Name and Ad	dress of New Register		
						Name				
ZAMORA, RIGOBERTO 11921 SW 132 AVE						Street Address	(P.O. Box Number is	Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
MIA										
						City			Z/p Code	3
8. The above	named entit	y submits this statem	ent for the purp	ose of changing it	s registere	t ed office or regist	ered agent, or both, it		1	and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed frame of registered agent and tible if appricable. (NOTE, Registered Agent signature required when reinstating) DATE.										
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to .										to
Due By May 1, 2004 Trust Fund Contribu						ion.	Added to Fees	§	partment of S	
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AN	D DIRECTORS		11.		ADDITIONS/CHANG	GES TO OFFICERS AND	DIRECTORS IN	10
TIRLE	PD ZAMORA.	RIGOBERTO		☐ Delete	TITU NAM	1			Change	Addition Addition
NAME STREET ADDRESS	11921 SW 132 AVE				STREET ADDRESS		U00000042400 02/10/04-80022-020 61.25			
CITY-ST-ZIP	MIAMI FL 33186			CITY-ST-ZIP		02.	/10/04-80022-			
TITLE NAME	RIVERA, V	IVIAN		☐ Delete	TITLI NAM	 			☐ Change	Addition Addition
STREET ADDRESS	11921 SW	132 AVE				EET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33127			CITY-S1-ZII			 			
tiple Name	TD FLORES, F	EDRO		☐ Defete	TITE! Nam	1			Change	Addition
STREET ADDRESS	718 NW 29	ST				EET ADDRESS				
CITY-ST-ZIP	MIAMI FL	33127			YTIS	·ST-ZIP				
TITLE NAME				☐ Delete	TRTL! NAM				☐ Change	Addition
STREET ADDRESS					3	EET ADDRESS				
CITY-ST-ZIP					_	'-ST-ZIP				
TITLE NAME				☐ Delete	TITL: NAM	3			☐ Change	☐ Addition
STREET ADDRESS					- 1	EFT ADDRESS				
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·			-ST-ZIP			Change	- Addition
TITLE NAME				☐ Delete	TITU NAM				☐ Change	Addition
STREET ADDRESS					- 8	EET ADDRESS				
CRY-ST-ZIP	Continue that the	a information avantia	d with this files	dage not availed		-ST-ZP	Section 119 07/2VN 5	Porida Statutae 1 furtho	r cartific that the is	nformation
indicated of the cor	l on this reportion or the	rt or supplemental reported the receiver or trustee	ont is true and empowered to	accurate and that execute this reno	t my signa	iture shall have the ired by Chapter 6	e same legal effect as 17, Florida Statutes: a	if made under oath, the	at I am an officer ars in Block 10 or	or director Block 11 if
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNAT	URE: _	/custo	47.	2 anone	150	SOLENI	2 Smms	rs 2-9	-04 3	237.

FILED