

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # N11014 (0)**

1. Corporation Name  
**MUNICIPALITIES OF CUBA IN EXILE (OFFICIAL) INC.**



Principal Place of Business  
**4600 NORTHWEST 7TH STREET  
 MIAMI FL 33126**

Mailing Address  
**4600 NORTHWEST 7TH STREET  
 MIAMI FL 33126**

3. Date Incorporated or Qualified  
**09/09/1985**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business

21. Suite, Apt. #, etc

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc

28. City & State

29. Zip

30. Country

4. FEI Number  
**59-2831032**

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

**ESTORINO, JULIO  
 1024 NW 18TH PL  
 MIAMI FL 33125**

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **P GONZALEZ, JUAN R**

STREET ADDRESS **1781 N W 16TH TERR**

CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

NAME **I PERDOMO, ANDRES R.**

STREET ADDRESS **321 SW 37TH AVE., #4**

CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

NAME **D AGUILERA, ARNALDO**

STREET ADDRESS **2550 S W 2ND ST**

CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

NAME **S QUIROS, MIRIAM**

STREET ADDRESS **444 S W 64TH CT**

CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

NAME **D MATA, GUSTAVO**

STREET ADDRESS **13235 S W 104TH TERR**

CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

NAME **D ESTORINO, JULIO**

STREET ADDRESS **6551 SW 127TH PATH**

CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME **P REGO, EMMA**

1.3 STREET ADDRESS **1774 SW 11 ST**

1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33135**

2.1 TITLE  Change  Addition

2.2 NAME **I DIAZ, SILVIA**

2.3 STREET ADDRESS **1341 SW 74 Ave**

2.4 CITY-ST-ZIP **MIAMI, FLORIDA 33144**

3.1 TITLE  Change  Addition

3.2 NAME **D BERGOUIGNAN, JOSE A.**

3.3 STREET ADDRESS **2745 SW 36 AVE**

3.4 CITY-ST-ZIP **MIAMI, FLORIDA 33133**

4.1 TITLE  Change  Addition

4.2 NAME **S MARTIN, CATALINA**

4.3 STREET ADDRESS **925 NW 78 Rd**

4.4 CITY-ST-ZIP **MIAMI, FLORIDA 33136**

5.1 TITLE  Change  Addition

5.2 NAME **D GONZALEZ, JUAN R.**

5.3 STREET ADDRESS **1781 NW 16 TERR**

5.4 CITY-ST-ZIP **MIAMI, FLORIDA 33125**

6.1 TITLE  Change  Addition

6.2 NAME

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 if changed, or on an attachment with an address.

SIGNATURE: Emma Rego  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EMMA REGO.....PRESIDENT.**

Date **6/11/96** Daytime Phone # **305-447-8866**

CR2E037 (3/96)