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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33126-2309
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 09/09/1985	3a. Date of Last Report 06/19/1996
4. FEI Number 59-2831032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 ROBERTO PEREDA
82 Street Address (P.O. Box Number is Not Acceptable) 3503 SW 6 St
83
84 City Miami
85 Zip Code FL 33135

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 Roberto Pereda DATE 6-5-97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME REGO, EMMA	
STREET ADDRESS 1774 SW 11 ST	
CITY-ST-ZIP MIAMI FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME DIAZ, SILVIA	
STREET ADDRESS 1341 SW 74 AVE	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME AGUILERA, ARNALDO	
STREET ADDRESS 2550 S W 2ND ST	
CITY-ST-ZIP MIAMI FL	
TITLE S	<input type="checkbox"/> DELETE
NAME QUIROS, MIRIAM	
STREET ADDRESS 444 S W 64TH CT	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MATA, GUSTAVO	
STREET ADDRESS 13235 S W 104TH TERR	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME 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 P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PEREDA, ROBERTO	
1.3 STREET ADDRESS 3503 SW 6 ST	
1.4 CITY-ST-ZIP Miami, FL 33135	
2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BRITO, JOSE	
2.3 STREET ADDRESS 5033 NW 7 ST # 206	
2.4 CITY-ST-ZIP MIAMI, FL 33126	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DIAZ, SILVIA	
3.3 STREET ADDRESS 1341 SW 74 AVE	
3.4 CITY-ST-ZIP Miami, FL 33144	
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 D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME ENRIQUEZ, FRANCISCO	
6.3 STREET ADDRESS 444 SW 27 AVE # 23	
6.4 CITY-ST-ZIP Miami, FL 33135	

14. I do 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.

CR2E037 (9/96)