

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
 09/09/1985
 4. FEI Number 59-2831032 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 PEREDA, ROBERTO
 3503 SW 6 ST
 MIAMI FL 33135

10. Name and Address of New Registered Agent
 81 Name Miguel M. Salas
 82 Street Address (P.O. Box Number is Not Acceptable) 2050 NW 16th Terr Apt. #109-E
 83
 84 City Miami FL 85 Zip Code 33125

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 *Miguel M. Salas* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PEREDA, ROBERTO	
STREET ADDRESS	3503 SW 6 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRITO, JOSE	
STREET ADDRESS	5033 NW 7 ST #206	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAZ, SILVIA	
STREET ADDRESS	1341 SW 74 AVE	
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 type="checkbox"/> DELETE
NAME	ENRIQUEZ, FRANCISCO	
STREET ADDRESS	444 SW 27 AVE #23	
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	MIGUEL M. SALAS	
1.3 STREET ADDRESS	2050 NW 16th Terr #109-E	
1.4 CITY-ST-ZIP	Miami, Fl. 33125	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUILLERMO A. REVUELTA	
2.3 STREET ADDRESS	3437 NW 15th St	
2.4 CITY-ST-ZIP	Miami, Fl. 33125	
3.1 TITLE	D	<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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JUAN R. GONZALEZ	
5.3 STREET ADDRESS	1781 NW 15th Terr	
5.4 CITY-ST-ZIP	Miami, Fl. 33125	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CATALINA MARTIN	
6.3 STREET ADDRESS	925 NW 7th St. Rd	
6.4 CITY-ST-ZIP	Miami, Fl. 33136	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(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.

SIGNATURE: *Miguel M. Salas* President 7-15/98 305-447-8866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)