


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90075 028 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11014**

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
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525060-90075-28



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/09/1985	4. FEI Number 59-2831032	Applied For 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		

9. Name and Address of Current Registered Agent

**SALAS, MIGUEL M.**  
**2050 NW 16TH TERRACE**  
**APT #109-E**  
**MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name **CABARGA, JULIO**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5761 W 2 CT**  
 83 **HIALEAH, FLORIDA 33012**  
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SALAS, MIGUEL M.</b>
STREET ADDRESS	<b>2050 NW 16TH TERRACE #109-E</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>REVUELTA, GUILLERMO A.</b>
STREET ADDRESS	<b>3437 NW 15TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DIAZ, SILVIA</b>
STREET ADDRESS	<b>1341 SW 74 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>QUIROS, MIRIAM</b>
STREET ADDRESS	<b>444 S W 64TH CT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ, JUAN R.</b>
STREET ADDRESS	<b>1781 NW 16TH TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CATALINA, MARTIN</b>
STREET ADDRESS	<b>925 NW 7TH ST RD</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CABARGA, JULIO</b>
1.3 STREET ADDRESS	<b>5761 W 2 CT</b>
1.4 CITY-ST-ZIP	<b>HIALEAH, FLORIDA 33012</b>
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BRITO, JOSE</b>
3.3 STREET ADDRESS	<b>5033 NW 7 ST 206</b>
3.4 CITY-ST-ZIP	<b>Miami, Florida 33126</b>
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PEREDA, ROBERTO</b>
5.3 STREET ADDRESS	<b>3503 SW 6 ST</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33135</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SANCHEZ, RICARDO</b>
6.3 STREET ADDRESS	<b>41 NW 59 CT</b>
6.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33126</b>

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 REQUIRED **ROBERTO PEREDA** 4/ 29/ 99 305- 447-8866  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)