FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29438

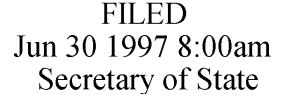
(1)

PARTIDO REVOLUCIONARIO CUBANO (AUTENTICO), INC.

Principal Place of Business

Mailing Address

MARIO E. DE CARDENAS 14 NW 1ST AVE., STE. 704 MIAMI FL 33132 %MARIO E. DE CARDENAS 14 NW 1ST AVE., STE. 704 MIAMI FL 33132-2411





3. Date Incorporated or Qualified 3a. Date of Last Report

						11/21/1988	1 (	04/17/199	6	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For				
21		26			65-0110091		Not	Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be		
23		28				Trust Fund Contribution		Added to		
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			199.032,	
24	25	29	30				Yes L			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				B1	Name					
DE CARDENAS, MARIO E.				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)			
14 NW 1			_							
SUITE 70	)4			В3						
MIAMI FL	L 33132		ł	84	City	and the state of t		85 Zip C	ode	
							<u>FL</u>			
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 _	Signature, typed or printed name of registered ager	it and title if applicable (NO	TE: Registered	d Age	ent signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12	
TITLE	PD	☐ DELETE	1.1 18	TLE		-		Change	☐ Addition	
NAME	, <del>-</del>		1.2 NA	1.2 NAME						
STREET ADDRESS	11370 SW 26TH STREET		1.3 ST	1.3 STREET ADDRESS					}	
CITY-ST-ZIP	MIAMI FL		1.4 DITY-ST-Z		ST-ZIP					
TITLE				21 TITLE				☐ Change	☐ Addition	
NAME I	AQUILERA ARNALDO		2.2 N/	2.2 NAME						
STREET ADDRESS	2550 SW 2ND STREET		2.3 STRI		ADDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY		ST-ZIP					
TITLE	TD	☐ DELETE	3 1 T!	3 1 TITLE				☐ Change	Addition	
NAME	JOSE M RODRIGUEZ		3.2 NAME		1					
STREET ADDRESS	651 EAST 35TH ST	3.3		3.3 STREET ADDRESS						
CITY-ST-ZIP	HIALEAH FL		3.4. C	ITY - 5	ST-ZIP					
TITLE	·	☐ DELETE	4.1 10	TLE				Change	L Addition	
NAME			4. 2 N	AME						
STREET ADDRESS			4,3 \$1	TREET	ADDRESS					
CITY-ST-ZIP			4.4 CI	ITY-S	ST-ZIP					
TITLE		☐ DELETE	5.1 1	TLE				Change	☐ Addition	
NAME			5.2 N/	AME						
STREET ADDRESS			5.3 \$1	TREET	r address				8	
CITY-ST-ZIP			5.4 CI	ITY-S	ST-ZIP					
TITLE		☐ DELETE	6.1 TI	TLE				Change	☐ Addition	
NAME			6.2 N	AME	1					
STREET ADDRESS			6.3 S	TREET	T ADDRESS					
CITY-ST-ZIP			6.4 CI	ITY - S	ST-ZIP					
14. I do herel	by certify that the information supplied	with this filing does not qua	lify for the	exe	emption stated	d in Section 119.07(3)(i), Florida Statut	es. 1 furthe	r certify that	the	

• 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 Agnature 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 fecund 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.