

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10: 50

DOCUMENT # **N42408** (7)

1. Corporation Name

THE CUBAN EXODUS RELIEF FUND, INC.

Principal Place of Business

Mailing Address

P O BOX 440069
MIAMI FL 33144

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MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1991

3a. Date of Last Report

01/25/1994

4. FEI Number

65-0248565

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, JOSE A.
1635 S.W. 101ST AVE.
MIAMI FL 33165

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Type or printed name of registered agent (not the applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV
NAME	PEREZ, LOMBARDO
STREET ADDRESS	9000 NW 7 AVE
CITY- ST- ZIP	MIAMI FL
TITLE	DV
NAME	SUAREZ, DIEGO J.
STREET ADDRESS	1000 THOMAS JEFFERSON ST
CITY- ST- ZIP	WASHINGTON DC
TITLE	TD
NAME	FOYO, FELICIANO
STREET ADDRESS	1111 NW 21 TERR
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	DEL VALLE, CLARIA MARIA
STREET ADDRESS	4600 GRANADA BLVD
CITY- ST- ZIP	CORAL GABLES FL
TITLE	DS
NAME	MOREIRA, DOMINGO
STREET ADDRESS	8020 NW 60 ST
CITY- ST- ZIP	MIAMI FL
TITLE	PD
NAME	HERNANDEZ, FRANCISCO J
STREET ADDRESS	7300 NW 35 TERR
CITY- ST- ZIP	MIAMI FL 33170

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 prepare the 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: **FELICIANO M. FOYO TREASURER.**

3-14-95

305-325-0420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #