


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 46208 1. Corporation Name FELLOWSHIP OF FORMER SCOUTS AND GUIDES OF CUBA, INC.			
Principal Place of Business (changed; see Blk 2)		Mailing Address (changed; see Blk 2)	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 300 SEVILLA AVE	26 10221 SW 27 ST	11-26-91	MAY 1996
22 Suite, Apt. #, etc. SUITE 200	27 Suite, Apt. #, etc. —	4. FEI Number 65-0309012	Applied For Not Applicable
23 City & State CORAL GABLES FL	28 City & State MIAMI FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33134	29 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Zip 33165	30 Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
(SAME AGENT; NEW ADDRESS)		81 Name ANA M. COLLADO, ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 300 SEVILLA AVE 83 Suite # 200 84 City CORAL GABLES FL 85 Zip Code 33134	
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 X		900002176059 05/13/97--010111-001 11/11/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PD JOSE BORRELL-TUDRI
STREET ADDRESS		1.3 STREET ADDRESS	1255 COLLINS AVE., # 303
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	M JUSTO ESPINOSA
STREET ADDRESS		2.3 STREET ADDRESS	435 W 41 PLACE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	S EUGENIO B. GUAS
STREET ADDRESS		3.3 STREET ADDRESS	P.O. BOX 45-2801
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33245-2801
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	T ROLANDO HERRERA
STREET ADDRESS		4.3 STREET ADDRESS	1531 N.W. 29 CT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33125
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D MARIO G. GARCIA
STREET ADDRESS		5.3 STREET ADDRESS	10221 SW 27 ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D VIRGLIO MORALES-DIAZ
STREET ADDRESS		6.3 STREET ADDRESS	2300 SW 9 AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33129
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.			
SIGNATURE: Mario G. Garcia		MARIO G. GARCIA 4/28/97 305-875-1193	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (9/96)