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Apr 29, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46208

1. Corporation Name

**FELLOWSHIP OF FORMER SCOUTS AND GUIDES OF CUBA,
INC.**

Principal Place of Business

10221 SW 27 ST
MIAMI FL 33165
US

Mailing Address

10221 SW 27 ST
MIAMI FL 33165



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/26/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0309012	
Country		Country		Applied For	
24		29		Not Applicable	
5. Certificate of Status Desired		5. Election Campaign Financing		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

GARCIA, MARIO G
10221 SW 27 STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, for 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 agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MARIO G. GARCIA

4-24-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUDURI, JOSE BORRELL			1.2 NAME			
STREET ADDRESS	1255 COLLINS AVE., #303			1.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI BEACH FL 33140			1.4 CITY-STATE-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUAS, EUGENIO B			2.2 NAME			
STREET ADDRESS	P.O. BOX 45-2801			2.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL 33245-2801			2.4 CITY-STATE-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERRERA, ROLANDO			3.2 NAME			
STREET ADDRESS	1531 N.W. 29TH CT.			3.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL 33125			3.4 CITY-STATE-ZIP			
TITLE	M	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESPINOSA, JUSTO DR.			4.2 NAME			
STREET ADDRESS	435 W 41 PLACE			4.3 STREET ADDRESS			
CITY-STATE-ZIP	HIALEAH FL 33012			4.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARCIA, MARIO G			5.2 NAME			
STREET ADDRESS	10221 S.W. 27TH ST.			5.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL 33165			5.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORALES-DIAZ, VIRGILIO			6.2 NAME			
STREET ADDRESS	2300 SW 9 AVE			6.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL 33129			6.4 CITY-STATE-ZIP			

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:

MARIO G. GARCIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

305 375 1193

Date

Daytime Phone #

CR2E037 (1/98)