

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46722 (7)

1. Corporation Name

**ASOCIACION IDEOLOGICA-COMBATIVA DE EX-PRESOS POL
(TICOS CUBANOS, INC.**

Principal Place of Business

Mailing Address

**3178 S CORAL WAY
SUITE 1-B
MIAMI FL 33145**

**3178 S CORAL WAY
SUITE 1-B
MIAMI FL 33145**

FILED

98 APR 23 AM 11:56

SECRETARY OF STATE
OFFICE OF THE SECRETARY OF STATE



REINSTATEMENT 96-9800

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1992		3a. Date of Last Report 07/28/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0185560		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIMA, MARTHA 3178 1-B, CORAL WAY MIAMI FL 33145				81 Name			
				82 Street Address (P.O. Box Number is not applicable) 3178 1-B CORAL WAY MIAMI FL 33145			
				83 City MIAMI			
				84 Zip Code FL 33145			

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **02/02/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLAMERA, EUGENIO	1.2 NAME	
STREET ADDRESS	3178 1-B CORAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, MARTHA	2.2 NAME	
STREET ADDRESS	3178 1-B, CORAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS LIMA	3.2 NAME	
STREET ADDRESS	000 S BAYSHORE DR #1104	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	
TITLE	VIVIAN CASTELL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5505 SW 80 ST.	4.2 NAME	
STREET ADDRESS	MIAMI, FL 33143	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143	4.4 CITY-ST-ZIP	
TITLE	VICENTE P. RODRIGUEZ <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3178 CORAL WAY	5.2 NAME	
STREET ADDRESS	MIAMI, FL 33145	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/02/98 (301) 3734685

CR2E037 (12/95)