


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90175 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000001982					
1. Corporation Name CUBAN COMMITTEE FOR DEMOCRACY, INC.					
Principal Place of Business 2665 SO. BAYSHORE DR. SUITE 1100 MIAMI FL 33133 US			Mailing Address P.O. BOX 331878 MIAMI FL 33233 US		

150351 90175 38



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0428254	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DURAN, ALFREDO G. E 2665 S. BAYSHORE DRIVE SUITE 1100 MIAMI FL 33133				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ-STABLE, ELISEO			1.2 NAME	Velasco, RAUL E. DE		
STREET ADDRESS	155 OCEAN LANE, APT. 300			1.3 STREET ADDRESS	13150 S.W. 77th Avenue		
CITY-ST-ZIP	KEY BISCAVNE FL 33149			1.4 CITY-ST-ZIP	MIAMI, FL. 33156		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DURAN, ALFREDO G			2.2 NAME	Perez-stable, ELISEO		
STREET ADDRESS	2665 SO. BAYSHORE DR., S-1100			2.3 STREET ADDRESS	155 OCEAN LANE APT. 300		
CITY-ST-ZIP	MIAMI FL 33133			2.4 CITY-ST-ZIP	Key Biscayne, FL 33149		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIYARES, MARCELINO			3.2 NAME	CARMEN DIAZ		
STREET ADDRESS	51 MACDOUGAL STREET #379			3.3 STREET ADDRESS	5681 SW 58 CT.		
CITY-ST-ZIP	NEW YORK NY 10012			3.4 CITY-ST-ZIP	MIAMI, FL. 33143		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VELASCO, RAUL E. DE			4.2 NAME	JESUS SANCHEZ LIMA		
STREET ADDRESS	13150 S.W. 77TH AVENUE			4.3 STREET ADDRESS	235 SW 42 Ave.		
CITY-ST-ZIP	MIAMI FL 33156			4.4 CITY-ST-ZIP	MIAMI, FL 33134		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DU-BREUIL, JORGE			5.2 NAME	LORENZO A. CANIZARES		
STREET ADDRESS	2700 ATLANTA DRIVE			5.3 STREET ADDRESS	726 MULBERRY ST.		
CITY-ST-ZIP	SILVERSPRING MD 20906			5.4 CITY-ST-ZIP	Trenton, NJ 08638		
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (609) 695-0828
Date Daytime Phone #

CR2E037 (11/98)