

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000000355 (7)**

1. Corporation Name

**UNIDAD PROVINCIALES DE EX-PRESOS POLITICOS CUBAN
OS CORP.**



Principal Place of Business

**501 SW 6TH CT.
MIAMI FL 33030**

Mailing Address

**1271 W. 83RD STREET
HIALEAH FL 33014**

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

08/25/1995

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

4. FEI Number

65-0523006

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**

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

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**LLOPIZ, JOSE A
1271 W. 83RD STREET
HIALEAH FL 33014**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
GONZALEZ, ARMANDO**
STREET ADDRESS **501 SW 6TH CT.**
CITY - ST - ZIP **MIAMI FL 33130**

11. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DV
LLOPIZ, JOSE A**
STREET ADDRESS **1271 W. 83RD ST.**
CITY - ST - ZIP **HIALEAH FL 33014**

12. NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
ANAYA, BICMARC**
STREET ADDRESS **879 SW 3RD ST. #7**
CITY - ST - ZIP **MIAMI FL 33130**

13. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
CREMADES, CARLOS**
STREET ADDRESS **251 SW 19TH AVE.**
CITY - ST - ZIP **MIAMI FL**

14. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
CORRALES, VICENTE**
STREET ADDRESS **1800C SW 3RD ST.**
CITY - ST - ZIP **MIAMI FL**

15. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

16. CITY - ST - ZIP ☐ Change ☐ Addition

17. CITY - ST - ZIP ☐ Change ☐ Addition

18. CITY - ST - ZIP ☐ Change ☐ Addition

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38. CITY - ST - ZIP ☐ Change ☐ Addition

39. CITY - ST - ZIP ☐ Change ☐ Addition

40. CITY - ST - ZIP ☐ Change ☐ Addition

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

8/6/96

(305) 819-2478

CR2E037 (3/96)