FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N9400001373 (9) DOCUMENT #

RADIO AND TELEVISION POLITICAL PRISONER UNION OF

CUBA, INC.



Principal Place of Business Mailing Address 9575 S.W. 109 AVE	: 1 7603
2675 CW 100 AVE	
2575 S.W 108 AVE. 2575 S.W 108 AVE. MIAMI FL MIAMI FL	
3. Date Incorporated or Qualified	
CE_0402704	Applied For Not Applicable
22 5. Certificate of Status Desired Fee F	Additional Required
	0 May Be d to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 24 25 29 30 Florida Statutes Yes No	199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
MARQUEZ, GABRIEL 2575 S.W 108 AVE. 82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 83	
84 City FI 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 representation 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	egistered office agent. I am
SIGNATURE Signature, typed or printed name of registered agent and titls if applicable (NOTE: Registered Agent signature required when reinstating): DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	IRS IN 12
TITLE D DELETE 1.1 TITLE Change	Addition
NAME DE CASTRO, VIVIAN (REY) 1.2 NAME	
STREET ADDRESS 4100 S.W 60 COURT 1.3 STREET ADDRESS	;
CITY-ST-ZIP MIAMI FL 33155 1.4 CITY-ST-ZIP	
TITLE D DELETE 2.1 TITLE Change	Addition (
NAME GUTIERREZ, HOMERO 2.2 NAME	
STREET ADDRESS 6272 W. 15 COURT 2.3 STREET ADDRESS	
CITY-ST-ZIP	
MADOUEZ CARDIE	☐ Addition
0575 C N/ 400 A/F	
STREET ADDRESS 29/9 5.W 108 AVE. CITY-ST-ZIP MIAMI FL 3.3.STREET ADDRESS 3.4. CITY-ST-ZIP	
TITLE D DELETE 4.1 TITLE Change	☐ Addition
NAME PENEDO, NESTOR 4.2 NAME	
STREET ADDRESS 2852 SW 23 TERR. 4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 4.4 CITY-ST-ZIP	
TITLE D DELETE 5.1 TITLE Change	Addition
NAME COLOMA, RAUL P 52 NAME	
STREET ADDRESS 5870 SW 14 ST. 53 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 54 CITY-ST-ZIP	
TITLE D DELETE 61 TITLE Change	Addition
NAME ROQUE, CARY 62 NAME	
STREET ADDRESS 2204 SW 138 AVE. 63 STREET ADDRESS	
CITY-ST-ZIP MIAM FL 33175 64 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 Statute	

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: (

GIONATURE AND TYPED OR PRINTED NAME OF JOHNING OFFICER OR DIRECTOR 6192166