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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004014 (6)

1. Corporation Name

CONSEJO DEL EXILIO CUBANO DEL AREA DE LA BAHIA D
E TAMPA, INC.

Principal Place of Business

Mailing Address

4403 B. HUBERT ST.
TAMPA FL 33614P O BOX 4576
TAMPA FL 33677-45763. Date Incorporated or Qualified
08/16/19943a. Date of Last Report
10/31/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, OSBERTO M.D.
605 W. BLOMINGDALE AVE.
BRANDON FL 33511

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

OSBERTO D. FERNANDEZ

2-10-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FERNANDEZ, OSBERTO D
STREET ADDRESS 605 W BLOMINGDALE AVE
CITY-ST-ZIP BRANDON FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D
NAME ERCIA, EDUARDO M.D.
STREET ADDRESS 8301 MEMORIAL HWY
CITY-ST-ZIP TAMPA FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME RODRIGUEZ, CONCEPCION
STREET ADDRESS 13902 DENELL LANE
CITY-ST-ZIP TAMPA FL 336243.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME CARMONA, ADA G
STREET ADDRESS 3105 W. IDLEWILD
CITY-ST-ZIP TAMPA FL 336144.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME HAMTON, WARREN
STREET ADDRESS 520 RORAL GREEN DR.
CITY-ST-ZIP TEMPLE TERRACE FL 336175.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97

Date

Daytime Phone # 0049180

CR2E037 (9/96)