

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 # N94000004773 (7)

1. Corporation Name

CITIZENS FOR A FREE CUBA, INC.



Principal Place of Business

Mailing Address

3300 PONCE DE LEON BLVD
CORAL GABLES FL 33134

3300 PONCE DE LEON BLVD
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3300 Ponce de Leon Blvd

26 3300 Ponce de Leon Blvd

4. FEI Number
65-0561942

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

22 Coral Gables, FL

27 Coral Gables, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEISECA, SERGIO A
701 BRICKELL AVENUE
SUITE 1600
MIAMI FL 33131

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 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both. In the event the above change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and agree to, the provisions of Section 617.0503, Florida Statutes.

SIGNATURE

(If Not Registered Agent Signature Required, Check Here)

DATE

3/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ZUBIZARRETA, TERESA A
STREET ADDRESS 3300 PONCE DE LEON BLVD
CITY-STATE-ZIP CORAL GABLES FL 33134

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME LEISECA, SERGIO A
STREET ADDRESS 701 BRICKELL AVE, SUITE 1600
CITY-STATE-ZIP MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME BOTIFOLL, LUIS
STREET ADDRESS PLAZA BLDG, 245 SE 1ST ST, SUITE 220
CITY-STATE-ZIP MIAMI FL 33131

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME ACOSTA, MAITA C
STREET ADDRESS 1450 ASHFORD AVE, APT 6B
CITY-STATE-ZIP CONDADO, SANTURCE, P.R.

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE PT ☐ DELETE
NAME ZUBIZARRETA, TERESA A
STREET ADDRESS 3300 PONCE DE LEON BLVD
CITY-STATE-ZIP CORAL GABLES FL 33134

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 #

3/25/96 (305) 448-9824

CR2E037 (12/95)