

**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**

24 Zip Country

29 Zip Country

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. An election for 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 Sections 617.0502 and 617.0503, Florida Statutes.

SIGNATURE

**3/25/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUBIZARRETA, TERESA A</b>	
STREET ADDRESS	<b>3300 PONCE DE LEON BLVD</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEISECA, SERGIO A</b>	
STREET ADDRESS	<b>701 BRICKELL AVE, SUITE 1600</b>	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOTIFOLL, LUIS</b>	
STREET ADDRESS	<b>PLAZA BLDG, 245 SE 1ST ST, SUITE 220</b>	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ACOSTA, MAITA C</b>	
STREET ADDRESS	<b>1450 ASHFORD AVE, APT 6B</b>	
CITY - ST - ZIP	<b>CONDADO, SANTURCE, P.R.</b>	
TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUBIZARRETA, TERESA A</b>	
STREET ADDRESS	<b>3300 PONCE DE LEON BLVD</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 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

**3/25/96**

**(305) 448-9824**

DATE

OFFICER'S PHONE #

CR2E037 (12/95)