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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US3300 PONCE DE LEON BLVD
CORAL GABLES FL 33134-72113. Date Incorporated or Qualified
09/27/19943a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 3300 Ponce de Leon Blv

26 3300 Ponce de Leon Blv, 65-0561942

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Coral Gables, Fl.

28 Coral Gables, Fl.

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

Zip

Country

24 33134

25 USA

Zip

Country

29 33134

30 USA

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 617.1508, 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 D ☐ DELETE
NAME ZUBIZARRETA, TERESA A
STREET ADDRESS 3300 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 331341.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME LEISECA, SERGIO A
STREET ADDRESS 701 BRICKELL AVE, SUITE 1600
CITY-ST-ZIP MIAMI FL 331312.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BOTIFOLL, LUIS
STREET ADDRESS PLAZA BLDG, 245 SE 1ST ST, SUITE 220
CITY-ST-ZIP MIAMI FL 331313.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ACOSTA, MAITA C
STREET ADDRESS 1450 ASHFORD AVE, APT 6B
CITY-ST-ZIP CONDADO, SANTURCE, P.R.4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE PT ☐ DELETE
NAME ZUBIZARRETA, TERESA A
STREET ADDRESS 3300 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 331345.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
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

Date

(305) 448-9824

Daytime Phone # 0027149

CP2E037 (9/96)