


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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  
US

3300 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

2a. Mailing Address

21 3300 Ponce de Leon Blvd

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Coral Gables, FL

28

Zip

Country

Zip

Country

24 33134

25 USA

29

30

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                       | <input type="checkbox"/> DELETE |
| NAME           | ZUBIZARRETA, TERESA A   |                                 |
| STREET ADDRESS | 3300 PONCE DE LEON BLVD |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33134   |                                 |

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | D                            | <input type="checkbox"/> DELETE |
| NAME           | LEISECA, SERGIO A            |                                 |
| STREET ADDRESS | 701 BRICKELL AVE, SUITE 1600 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131               |                                 |

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | D                                    | <input type="checkbox"/> DELETE |
| NAME           | BOTIFOLL, LUIS                       |                                 |
| STREET ADDRESS | PLAZA BLDG, 245 SE 1ST ST, SUITE 220 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131                       |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | ACOSTA, MAITA C          |                                 |
| STREET ADDRESS | 1450 ASHFORD AVE, APT 6B |                                 |
| CITY-ST-ZIP    | CONDADO, SANTURCE, P.R.  |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PT                      | <input type="checkbox"/> DELETE |
| NAME           | ZUBIZARRETA, TERESA A   |                                 |
| STREET ADDRESS | 3300 PONCE DE LEON BLVD |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33134   |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 REQUIRED

(305) 448-9824

CR2E037 (10/97)