

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 # N95000003206 (8)

1. Corporation Name

ASOCIACION DE EX-PRESOS POLITICOS CUBANOS DE TAMPA, INC.



Principal Place of Business

Mailing Address

~~8806 N. HUBERT AVE.~~

~~TAMPA FL 33614~~

**8936 Southbay Dr.
TAMPA, FL 33615**

~~8806 N. HUBERT AVE.~~

~~TAMPA FL 33614~~

**8936 Southbay Dr.
TAMPA FL 33615**

3. Date Incorporated or Qualified
07/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

FIGUERO, CECILIO

**8806 N. HUBERT AVE/ 8936 Southbay Dr.
TAMPA FL 33614/ 33615**

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

TITLE ☒ DELETE

NAME **D FIGUERO, CECILIO**
STREET ADDRESS **8806 N. HUBERT AVE.**
CITY - ST - ZIP **TAMPA FL 33614**

TITLE ☒ DELETE

NAME **ZAMORA, RENE**
STREET ADDRESS **1319 E. 82 AVE.**
CITY - ST - ZIP **TAMPA FL 33603**

TITLE ☒ DELETE

NAME **ROSEL, ANJOBY**
STREET ADDRESS **812 N. MATANZAS AVE.**
CITY - ST - ZIP **TAMPA FL 33606**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D/ P REYNO, JULIO**
1.3 STREET ADDRESS **612 N. Matanzas Ave**
1.4 CITY - ST - ZIP **Tampa, Florida 33609**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **CARDENAS, Andres**
2.3 STREET ADDRESS **1770 PINTO PL.**
2.4 CITY - ST - ZIP **Tampa, Florida 33624**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D FIGUERO, Cecilio**
3.3 STREET ADDRESS **8936 Southbay Dr.**
3.4 CITY - ST - ZIP **Tampa, Florida 33615**

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

600001907296
-07/30/96--01011--024
*****61.25**

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:

Julio Reyno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Julio Reyno, President

6/12/96

Date

813-879-3357
813-879-3357/191

CR2E037 (12/95)