

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 02 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 TAM  
PA, INC.

Principal Place of Business

Mailing Address

8936 SOUTHBAY DR  
TAMPA FL 336158936 SOUTHBAY DR  
TAMPA FL 33615-27703. Date Incorporated or Qualified  
07/06/19953a. Date of Last Report  
07/29/1996

2. Principal Place of Business

2a. Mailing Address

21 6402 Elliot Drive

25 6402 Elliot Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23 Tampa, Florida

28 Tampa, Florida

Zip

Country

Zip

Country

24 33615

25 U.S.a.

29 33615

30 U.S.a.

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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

FIGUEREDO, CECILIO  
8936 SOUTHBAY DR  
TAMPA FL 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME REYNO, JULIO  
STREET ADDRESS 612 N. MATANZAS AVE  
CITY - ST - ZIP TAMPA FL 336091.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME ZAMORA, Rene  
1.3 STREET ADDRESS 6402 Elliot Drive  
1.4 CITY - ST - ZIP Tampa, Fla 33615TITLE DS ☒ DELETE  
NAME CARDENAS, ANDRES  
STREET ADDRESS 1520 PINTO PL  
CITY - ST - ZIP TAMPA FL 336242.1 TITLE DS ☒ Change ☐ Addition  
2.2 NAME REYNO, Humberto  
2.3 STREET ADDRESS 5225 Landsman St  
2.4 CITY - ST - ZIP Tampa, Fla 33625TITLE D ☒ DELETE  
NAME FIGUEREDO, CECILIO  
STREET ADDRESS 8936 SOUTHBAY DR  
CITY - ST - ZIP TAMPA FL 336153.1 TITLE DT ☒ Change ☐ Addition  
3.2 NAME REYNO, Julio  
3.3 STREET ADDRESS 612 N. Matanzas Ave  
3.4 CITY - ST - ZIP Tampa, Florida 33609TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 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:  RENE ZAMORA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/97

813)243-8376

Date

Daytime Phone # 0048281

CR2E037 (9/96)