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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000003206**

1. Corporation Name

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

Principal Place of Business

6402 ELLIOT DRIVE  
TAMPA FL 33615  
US

8936 Southbay Dr.  
TAMPA, FL 33615 US

Mailing Address

6402 ELLIOT DRIVE  
TAMPA FL 33615  
US

8936 Southbay Dr.  
TAMPA, FL 33615 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

07/06/1995

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

FIGUEREDO, CECILIO  
8936 SOUTH BAY DR  
TAMPA FL 33615

10. Name and Address of New Registered Agent

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 DP  
ZAMORA, RENE  
STREET ADDRESS 6402 ELLIOT DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME DA  
REYNO, HUMBERTO  
STREET ADDRESS 5225 LANDSMAN ST  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME DT  
REYNO, JULIO  
STREET ADDRESS 612 N. MATANZAS AVE.  
CITY-ST-ZIP TAMPA FL

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 DP  
FIGUEREDO, CECILIO  
1.3 STREET ADDRESS 8936 Southbay Dr.  
1.4 CITY-ST-ZIP TAMPA, FL 33615

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME LN  
REYNO, JULIO  
2.3 STREET ADDRESS 612 N. MATANZAS AVE  
2.4 CITY-ST-ZIP TAMPA, FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DT  
ZAMORA, RENE  
3.3 STREET ADDRESS 6402 ELLIOT DRIVE  
3.4 CITY-ST-ZIP TAMPA FL

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, with all other like empowered.

SIGNATURE: *Cecilio S. Figueredo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (813) 276-3418  
Date Daytime Phone #

CR2E037 (11/98)