

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005388 (2)

1. Corporation Name

DIRECTORIO REVOLUCIONARIO DEMOCRATICO CUBANO, INC.

Principal Place of Business

**7105 S.W. 8TH STREET, SUITE 207
MIAMI FL 33144**

Mailing Address

**7105 S.W. 8TH STREET, SUITE 207
MIAMI FL 33144**



3. Date Incorporated or Qualified
11/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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

**BERMUDEZ, JUAN CARLOS
2150 CORAL WAY, SUITE 7A
MIAMI FL 33145**

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

7-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **RIVERO, JANISSET**
STREET ADDRESS **7105 S.W. 8TH STREET, SUITE 207**
CITY - ST - ZIP **MIAMI FL 33144**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **FERNANDEZ DE CASTRO, JUAN JOSE**
STREET ADDRESS **7105 S.W. 8TH STREET, SUITE 207**
CITY - ST - ZIP **MIAMI FL 33144**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

PD ☒ Change ☐ Addition
FERNANDEZ DE CASTRO, JUAN JOSE
7105 SW 8TH ST, SUITE 207
MIAMI, FL 33144

TITLE **TD** ☐ DELETE
NAME **SERRALTA, DENSET**
STREET ADDRESS **7105 S.W. 8TH STREET, SUITE 207**
CITY - ST - ZIP **MIAMI FL 33144**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **BERMUDEZ, JUAN CARLOS**
STREET ADDRESS **2150 CORAL WAY, SUITE 7A**
CITY - ST - ZIP **MIAMI FL 33145**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

VD ☒ Change ☐ Addition
BERMUDEZ, JUAN CARLOS
2150 CORAL WAY, SUITE 7A
MIAMI, FL 33145

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

SD ☐ Change ☒ Addition
GUTIERREZ, ORLANDO
7105 SW 8TH ST, SUITE 207
MIAMI, FL 33144

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Denset Serralta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-96
Date

**(305)-
264-2917**
Daytime Phone #

CR2E037 (3/96)