


FILE NOW: FILING FEE IS \$61.25

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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005388 (2)

1. Corporation Name

DIRECTORIO REVOLUCIONARIO DEMOCRATICO CUBANO, IN C.



Principal Place of Business	Mailing Address
7105 S.W. 8TH STREET SUITE 207 MIAMI FL 33144	7105 S.W. 8TH STREET SUITE 207 MIAMI FL 33144

2. Principal Place of Business	2a. Mailing Address
21 10250 SW 56 ST A102	26 10250 SW 56 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 A102	27 A102
City & State	City & State
23 MIAMI FL	28 MIAMI FL
Zip	Country
24 33165	25 USA
Zip	Country
29 33165	30 USA

3. Date Incorporated or Qualified	11/14/1995
4. FEI Number	65-0661049
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
BERMUDEZ, JUAN CARLOS 2150 CORAL WAY SUITE 7A MIAMI FL 33145	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FERNANDEZ DE CASTRO, JUAN JOSE	1.2 NAME	FERNANDEZ DE CASTRO, JUAN JOSE
STREET ADDRESS	7105 S.W. 8TH STREET, SUITE 207	1.3 STREET ADDRESS	10250 SW 56 ST A102
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE	VPD	2.1 TITLE	VPD
NAME	BERMUDEZ, JUAN CARLOS	2.2 NAME	BERMUDEZ, JUAN CARLOS
STREET ADDRESS	2150 CORAL WAY, SUITE 7A	2.3 STREET ADDRESS	10250 SW 56 ST A102
CITY-ST-ZIP	MIAMI FL 33145	2.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE	TD	3.1 TITLE	
NAME	SERRALTA, DENSET	3.2 NAME	
STREET ADDRESS	7105 S.W. 8TH STREET, SUITE 207	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	GUTIERREZ, ORLANDO	4.2 NAME	GUTIERREZ, ORLANDO
STREET ADDRESS	7105 S.W. 8TH STREET, SUITE 207	4.3 STREET ADDRESS	10250 SW 56 ST A102
CITY-ST-ZIP	MIAMI FL 33144	4.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE		5.1 TITLE	TREASURER
NAME		5.2 NAME	DE CESPEDES, JAVIER
STREET ADDRESS		5.3 STREET ADDRESS	10250 SW 56 ST A102
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: J. de Cespedes 4/29/98 305 279-4416

CP2E037 (10/97)