


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90159 019 \*\*\*\*40.83

04-14-1999 90159 020 \*\*\*\*20.42

--NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005388**

1. Corporation Name

**DIRECTORIO REVOLUCIONARIO DEMOCRATICO CUBANO, IN C.**

Principal Place of Business

10250 SW 56 ST  
 A102  
 MIAMI FL 33165  
 US

Mailing Address

10250 SW 56 ST  
 A102  
 MIAMI FL 33165  
 US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0661049
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

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 **TOME, JAY R**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2701 PONCE DE LEON BLVD**  
 83 **MEZZANINE LEVEL**  
 84 City **CORAL GABLES** FL 85 Zip Code **33165**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

*Jay R. Tome*  
 Signature, typed or printed name of registered agent and title if applicable.

**JAY R. Tome**  
 (NOTE: Registered Agent signature required when reinstating)

**2/15/99**  
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ DE CASTRO, JUAN JOSE</b>	1.2 NAME	<b>FERNANDEZ DE CASTRO, JUAN JOSE</b>
STREET ADDRESS	<b>10250 SW 56 ST A102</b>	1.3 STREET ADDRESS	<b>10250 SW 56 ST A102</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33165</b>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMUDEZ, JUAN CARLOS</b>	2.2 NAME	<b>BERMUDEZ, JUAN CARLOS</b>
STREET ADDRESS	<b>10250 SW 56 ST A102</b>	2.3 STREET ADDRESS	<b>10250 SW 56 ST A102</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33165</b>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE CESPEDAS, JAVIER</b>	3.2 NAME	
STREET ADDRESS	<b>10250 SW 56 STREET A102</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUTIERREZ, ORLANDO</b>	4.2 NAME	
STREET ADDRESS	<b>10250 SW 56TH ST A102</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 279-4416**

CR2E037 (1/98)

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