

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90083 006 \*\*\*\*61.25

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 # N96000003522**  
 1. Corporation Name  
**CIRCLE OF SANTIAGO DE CUBA IN EXILE, INC.**

Principal Place of Business 8494 SW 8TH STREET MIAMI FL 33144	Mailing Address P.O. BOX 44-1866 MIAMI FL 33144
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2. Principal Place of Business 21 <b>84705W 85T</b>	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>07/03/1996</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>65-0799980</b>
23 City & State <b>Miami FL</b>	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>33144</b>	25 Country	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>CALLEJAS, SOFIA 8494 SW 8TH STREET MIAMI FL 33144</b>	10. Name and Address of New Registered Agent 81 Name <b>JOSEFINA CREMATI</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1925 BRICKELL AVE NO D1712</b> 83 City <b>MIAMI</b> 84 City <b>MIAMI</b> <b>FL</b> 85 Zip Code
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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 Josefine Cremati DATE 3/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALANO, ROGELIO JR 4361 SW 2ND TERRACE MIAMI FL 33134	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD PUJOL JOSE 10322 sw 27 st Miami FL. 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALLEJAS, SOFIA 6996 NW 186TH ST., APT 211 MIAMI FL 33115	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD JOSEFINA CREMATI 1925 Brickell Ave NO D1712 MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, MANUEL 10201 SW 66TH STREET MIAMI FL 33173	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD GALANO ROGELIO JR 4361 SW 2ND TER MIAMI FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD ROMAN SEQUEIROS 5820 SW 108 PL MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: ROGELIO GALANO JR DATE 1-8-1999 (305) 261-1220

CR2E037 (1/98)