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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000005711

1. Corporation Name

THE INSTITUTE FOR DEMOCRACY IN CUBA, INC.

Principal Place of Business

POST OFFICE BOX 112453
MIAMI FL 33311-2453

Mailing Address

POST OFFICE BOX 112453
MIAMI FL 33311-2453



2. Principal Place of Business

21 **6262 SW 40 ST**

Suite, Apt. #, etc.

22 **STE 3-D**

City & State

23 **MIAMI FL**

Zip

24 **33155**

Country

2a. Mailing Address

26 **6262 SW 40 ST**

Suite, Apt. #, etc.

27 **STE 3-D**

City & State

28 **MIAMI 33155**

Zip

29 **FL**

Country

30

3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

65-0716256

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

SANCHEZ-ABALLI, RAFAEL
200 SO BISCAYNE BLVD. STE 800
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1101 BRICKEEL AVENUE STE 1400**

84 City

MIAMI

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 **D SANCHEZ-ABALLI, RAFAEL**
STREET ADDRESS **POST OFFICE BOX 112453, N/A 1101 BRICKEEL AVE**
CITY-ST-ZIP **MIAMI FL 33311-2453 STE 3-D, MIAMI FL 33155**

TITLE ☐ DELETE
NAME **D SESIN, LEONARDO V**
STREET ADDRESS **POST OFFICE BOX 112453, N/A 7159 SW 8TH ST**
CITY-ST-ZIP **MIAMI FL 33311-2453 MIAMI FL 33172**

TITLE ☐ DELETE
NAME **D HERNANDEZ-TRUJILLO, FRANCISCO**
STREET ADDRESS **POST OFFICE BOX 112453, N/A 1452 SW 14 ST**
CITY-ST-ZIP **MIAMI FL 33311-2453 MIAMI FL 33145**

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 10, 1999 **305-373-033**
Date Daytime Phone #

CR2E037 (11/98)