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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998

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

DOCUMENT # N97000000120 (2)

1. Corporation Name

INSTITUTO DE ESTUDIOS CUBANOS, INC.



Principal Place of Business Mailing Address

1545 BLUE ROAD CORAL GABLES FL 33146 1545 BLUE ROAD CORAL GABLES FL 33146

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
01/06/1997

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PEREZ, LUIS J  
ONE SOUTHEAST THIRD AVENUE  
28TH FLOOR  
MIAMI FL 33131-1704

10. Name and Address of New Registered Agent

81 Name Dr. Maria Cristina Herrera

82 Street Address (P.O. Box Number is Not Acceptable)  
1545 Blue Road

83

84 City Coral Gables FL 85 Zip Code 33146

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]* DATE 4/16/98

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	P
NAME	Delores Espino	1.2 NAME	Marifeli Perez-Stable
STREET ADDRESS	1545 Blue Road	1.3 STREET ADDRESS	79-10 34th Avenue, Apt. 6-E
CITY-ST-ZIP	Coral Gables, FL 33146	1.4 CITY-ST-ZIP	Jackson Heights, NY 11372
TITLE	NAME	2.1 TITLE	V, D
NAME		2.2 NAME	Emilio Cueto
STREET ADDRESS		2.3 STREET ADDRESS	4545 Connecticut Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Washington, D.C. 20008
TITLE	NAME	3.1 TITLE	V
NAME		3.2 NAME	Lisandro Perez
STREET ADDRESS		3.3 STREET ADDRESS	c/o Cuban Research Institute
CITY-ST-ZIP		3.4 CITY-ST-ZIP	University Park, Miami, FL 33199
TITLE	NAME	4.1 TITLE	S
NAME		4.2 NAME	Leonel de la Cuesta
STREET ADDRESS		4.3 STREET ADDRESS	10625 S.W. 112th Avenue, Apt. 105
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	NAME	5.1 TITLE	S, D
NAME		5.2 NAME	Luis J. Perez
STREET ADDRESS		5.3 STREET ADDRESS	701 Camilo Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	NAME	6.1 TITLE	T
NAME		6.2 NAME	Carmen B. Diaz
STREET ADDRESS		6.3 STREET ADDRESS	5681 S.W. 58th Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33143

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: *[Signature]* (718) 478-9340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Marifeli Perez-Stable, President

CR2E037 (10/97)