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FILED  
Jul 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003289 (2)**

1. Corporation Name

**CUBAN MILITARY RESEACH CENTER/CENTRO DE ESTUDIOS  
MILITARES CUBANOS, INC.**

Principal Place of Business

Mailing Address

**1000 PONCE DE LEON BLVD  
CORAL GABLES FL 33134**

**1000 PONCE DE LEON BLVD  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

**06/04/1997**

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 1000 PONCE DE LEON BLVD**

**26 Suite, Apt. #, etc.**

**22 SUITE 312**

**27 Suite, Apt. #, etc.**

**23 CORAL GABLES, FL**

**28 City & State**

**24 33134**

**29 USA**

**25 USA**

**30**

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

10. Name and Address of New Registered Agent

**HERNANDEZ-TRUJILLO, FRANK  
1000 PONCE DE LEON BLVD  
SUITE 312  
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **HERNANDEZ-TRUJILLO, FRANK**

CITY-ST-ZIP **1452 S.W. 14**

**MIAMI FL 33145**

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **BEDIA, JORGE**

CITY-ST-ZIP **6160 S.W. 10 STREET**

**MIAMI FL 33144**

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **RAFOLS, DANIEL**

CITY-ST-ZIP **2369 S.W. 17 TERRACE**

**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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE:

*Frank Hernandez-Trujillo* **FRANK HERNANDEZ-TRUJILLO** 7/23/98 447-2713

CR2E037 (10/97)