NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harria

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003289

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

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

Principal Place of Business 1000 PONCE DE LEON BLVD SUITE 312 CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Mailing Address
1000 PONCE DE LEON BLVD SUITE 312 CORAL GABLES FL 33134

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

29

FILED Jun 24, 1999 8:00 am Secretary of State

06-24-1999 90008 034 ****70.00

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Bo

Added to Fees

Not Applicable

590490 - 90009 - 36

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3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

06/04/1997

4. FEI Number

MEMNANUEZ-INCURLU , FRANK				Street	Street Address (P.O. Box Number is Not Acceptable)				
	CE DE LEON BLVD		83						
SUITE 312									
CORAL GA	ABLES FL 33134		84	City	FL	85 Zip C	ode		
Office OF E	to the provisions of Sections 617.0502 and 617.1508, F egistered agent, or both, in the State of Florida. Such of m familiar with, and accept the obligations of, Section 6	nodius esw abors	zed ov	THE COID	corporation submits this statement for the purpose of cha- oration's board of directors. I hereby accept the appointm	anging its ent as reg	registered istered		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Regist	erad Ager	nt eignature	required when rejustating) DATE				
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND D				
TITLE	D	DELETE 1	1 TITLE] Change	Addition		
NAME	HERNANDEZ-TRUJILLO , FRANK	1	2 NAME		TUAN MANTINEZ BLUE #	2/1			
STREET ADDRESS	1452 S.W. 14	1,	3 STREET	TADDRESS	1000 PONCE DE LEON DINO TT				
CITY-ST-ZIP	MIAMI FL 33145	1,	4 CITY-5	T-ZIP	CORAL GABLES FL 3313	$\mathcal{Y}_{\underline{}}$			
TITLE		DELETE 2	1 រោLE			Change	Addition		
NAME	BEDIA. JORGE	2	2 NAME						
STREET ADDRESS	6160 S.W. 10 STREET	2	3 STREE	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33144	. 2	4 CITY- 5	3T-ZIP					
TITLE	D .	DELETE 3	1 TITLE			Change	Addition		
NAME	RAFULS, DANIEL	3	2 NAME						
STREET ADORESS	2369 S.W. 17 TERRACE	3	3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI-FL 33145-		4. CTY-5	17- 21 P −					
TIRLE		DELETE 4	1 TITLE] Change	Addition		
NAME		4	2 NAME						
STREET ADDRESS		4	3 STREET	ADDRESS					
CITY-ST-ZIP			4 CATY-S	T-ZIP					
ITTLE			1 TMLE			Change	Addition		
NAME)		. 5.	2 NAME						
STREET ADDRESS		5	3 STREET	ADDRESS					
CITY-ST-ZIP		5	4 CITY-S	T- ZSP					
TITLE		DELETE 6.	1 TITLE			Change	Addition		
NAME			2 NAME						
STREET ADDRESS	2 2 3 1 21	6	STREET	ADORESS					
CITY-ST-ZIP	1 Person Lyan	6.	CITY-S	7-ZIP					
14. I hereby of indicated officer or i	certify that the information supplied with this filing does non this annual report or supplemental annual report is tridirector of the corporation or the receiver or trustee empor Block 13 if changed, or on an attachment with an add	rue and accurate a cowered to exacut iress, with all other	ind that this n like er	timy sign eport as i Npowerei	in Section 119.07(3)(i), Florida Statutes. I further certify lature shall have the same legal effect as if made under or required by Chapter 617, Florida Statutes; and that my nod.	ame appe	am an arsin		

Country

81 Name

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