


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90174 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000056048

1. Corporation Name

SECRETARIAT OF THE COALITION FOR CUBAN CONSTITUTIONAL LEGITIMACY 1940, INC. (C. 1940 ART. 149)

Principal Place of Business

5200 S.W. 8TH STREET
 STE. #A
 CORAL GABLES FL 33134

Mailing Address

5200 S.W. 8TH STREET
 STE. #A
 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

65-0845305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

8. Name and Address of Current Registered Agent

VAZQUEZ, JOSE R
 5200 S.W. 8TH STREET
 STE. #A
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	P	<input type="checkbox"/> DELETE
NAME	CERVANTES, RAFAEL T	
STREET ADDRESS	3541 CHAIN BRIDGE RD. STE 7	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICARDO, RUBEN	
STREET ADDRESS	5181 COLLINS AE. APT 1701	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VAZQUEZ, JOSE R	
STREET ADDRESS	5200 SW 8TH STREET STE #A	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIQUENES, EDOY	
STREET ADDRESS	5910 SW 10TH STREET	
CITY-ST-ZIP	WEST MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARRILLO, FRANCISCO	
STREET ADDRESS	3020 N.W. FLAGLER TERRACE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, 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

Date

3/11/99

Daytime Phone #

(704) 443-0188

CR2034 (11/98)