FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

ORLANDO BENITEZ 1/15/97

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997		DIVISION OF	CORPORATIONS	Scorcia	ary or state
1. Corporation	MENT # 360 Cuba, Inc.	0835	(3)			A (A 1 A A A A A A A A A A A A A A A A A
Principal Place	of Business	Maili	ing Address		{ 190106 11110 81111 65/01 10106 14101 8111	#### #UUL #UHU #### #UUH #UUL ####
3109 NORTHWEST 17TH AVENUE 310			109 NORTHWEST 17TH AVENUE IIAMI FL 33142-8160			
O Disa ad City	ace of Business	0.	Acitics Address		Date Incorporated or Qualified 03/10/1970 FEI Number	3a. Date of Last Report 06/19/1996
21 Philippai Pi	ace of Business	26	Mailing Address		59-1296871	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	•	├ ─┐	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29		30	8. This corporation has liability for in	
	9, Name and Addres		red Agent	T	10. Name and Address of New Re	
154	itez,orlando NW 30 St			B1 Name B2 Street Add	ress (P.O. Box Number Is Not Acceptab	(a)
MIAN	AI FL			83		
				84 City		FL 85 Zip Code
11. Pursuant to office or reagent. Lar	o the provisions of Sectic egistered agent, or both, in lamiliar with, and acce	ons 607.0502 and 607 in the State of Florida pt the obligations of, 9	1.1508, Florida Statu Such change was Section 607.0505, F	ites, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature: typed or printed name of	d age through the state of the He	ocale skila (NC	TE: Registered Agent signature requ	Sand Juhan Falostational	DATE
12.		FICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD		DELETE	1,1 TITLE		Change Addition
NAME	BENITEZ,ORLANDO	_		1.2 NAME		
STREET ADDRESS	3101 N.W. 17TH AV	E.		1.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	MIAMI FL		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY - ST - ZIP				2. 4 CITY+ST+ZIP		
TITLE			☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				33 STREET ADDRESS		
CITY-SI-7:P TITLE			DELETE	34. CITY+ST-ZIP 4.1 TITLE		Change Addition
NAME			LJ DELCHE	4.2 NAME		. Change C veginon
STREET ADDRESS				4.3 STREET ADDRESS		
CHTY-ST-ZIP				4.4 CITY - ST - ZIP		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		·
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZiP	,		DESTE	5.4 CITY - ST - ZiP		Channa I subst-
MILE			DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS				6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				6.4 CITY - ST- ZIP	· · · · · ·	
14. I do heret	y certify that the informa	tion supplied with this	filing does not qua	lify for the exemption state	ed in Section 119,07(3)(i), Florida Statute	s. I further certify that the
Informatio	n indicated on this annua flicer or director of the co n Block 12 or Block 13 it	a report or supplement progration or the received or an att	nal annual report is ver or trustee empt tachment with an al	true and accurate and the wered to execute his repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	летест as п made under cath; that statutes; and that my name