

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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96 MAY -1 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **F48144**
1. Corporation Name **AFRO-CUBAN Lucumi Assoc-
iation Inc**

Principal Place of Business **836 NE 82 St.
MIAMI, FL 33138**

Mailing Address **PO BOX 1158
MIAMI, FL 33142**

21	22	23	24	25	26	27	28	29	30
Principal Place of Business		Mailing Address		City & State		City & State		Country	
836 NE 82 St.		P.O. Box 1158		MIAMI, FL		MIAMI, FL		DADE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Zip		Zip		Country	
				33138		33142		DADE	

3. Date Incorporated or Qualified 9-14-81	3a. Date of Last Report 1-10-95
4. FEI Number 59-2125638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

Rigoberto Zamora
836 NE 82 St
Miami, FL 33138

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rigoberto Zamora	1.2 NAME	
STREET ADDRESS	836 NE 82 St	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33142	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRET	2.2 NAME	
STREET ADDRESS	PEDRO MORENO	2.3 STREET ADDRESS	
CITY- ST- ZIP	1140 SW 3 St	2.4 CITY- ST- ZIP	
CITY- ST- ZIP	MIAMI FL 33130		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSTEE	3.2 NAME	
STREET ADDRESS	UNIAN RIVERA	3.3 STREET ADDRESS	
CITY- ST- ZIP	2539 W W BURN St	3.4 CITY- ST- ZIP	
CITY- ST- ZIP	Hollywood, FL 33020		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rigoberto Zamora** **4-23-96 (305) 757-4852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)