**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 02 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F48144 (2)AFRO-CUBAN LUCUMI ASSOCIATION INC. Principal Place of Business Mailing Address PO BOX 1158 836 NE 82 ST MIAMI FL 33138 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/14/1981 2. Principal Place of Business 21 836 NE 82 St 2a. Mailing Address 4. FEI Number Applied For P.O. BOK 1158 59-2125638 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 3138 Miami Fl Miami 7 Trust Fund Contribution П 23 28 Added to Fees Country This corporation owes or has paid the current year Intangible Dade Dode 33142 25 Personal Property Tax due June 30. ☐ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name zamora, rigoberto 838 N.E. 82 ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33138** 83 84 City 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) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE 1.1 TITLE Change Addition TITLE ZAMORA, RIGOBERTO NAME 1.2 NAME CR2E034 838 NE 82 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FLORES, PEDRO NAME 2 2 NAME 1140 S.W. 3 ST., APT F STREET ADDRESS 23 STREET ADDRESS MIAMI FL 33130 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME RIVERA, VIVIAN 3.2 NAME 2536 VAN BUREN ST., APT 3A STREET ADDRESS 3 3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 tenorit 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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

X RIGOSCHTO ZANOWA

DELETE

1-10-98 (758,4882

Change

Addition