

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 22 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N09475 (7)

1. Corporation Name

SOCIEDAD CUBANA DE ORLANDO, INC.



| | | | | | |
|---|--|---|--|---|--|
| Principal Place of Business 5088 HOFFNER AVE PO BOX 593281 ORLANDO FL 32859-0281 | | Mailing Address 5088 HOFFNER AVE PO BOX 593281 ORLANDO FL 32859-0281 | | 3. Date Incorporated or Qualified 05/28/1985 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2612382 | |
| 21 | | 26 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | | Country | | 29 | |
| 24 | | 30 | | | |

9. Name and Address of Current Registered Agent

CEPERO, ANGEL Z.
6220 S. ORANGE BLOSSOM TRAIL
SUITE 142
ORLANDO FL 32809

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORTEGA, SILVIO | 1.2 NAME | |
| STREET ADDRESS | 9702 SUNDERSON ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IGLESIAN, THOMAS | 2.2 NAME | |
| STREET ADDRESS | 2906 FIELDCREST COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, LOURDES | 3.2 NAME | |
| STREET ADDRESS | 11907 NAHANNI CT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIKES, FERNANDO | 4.2 NAME | |
| STREET ADDRESS | 3339 STONEWOOD CT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 4.4 CITY-ST-ZIP | |
| TITLE | AT <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEREZ, EVELIO | 5.2 NAME | |
| STREET ADDRESS | 733 CALIFORNIA WOOD CIRCLE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | |
| TITLE | AVP <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATIR, MIGUEL | 6.2 NAME | |
| STREET ADDRESS | 2005 TAMBORIE DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/98 407-856-1906

CR2E037 (5/98)