

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 21 1110:08

**DOCUMENT # N42460 (8)**

1. Corporation Name  
**ALIANZA CUBANA INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
1361 SOUTHWEST 124TH COURT 1361 SOUTHWEST 124TH COURT  
UNIT C UNIT C  
MIAMI FL 33184-2367 MIAMI FL 33184-2367

3. Date Incorporated or Qualified 03/07/1991 3a. Date of Last Report 10/10/1994  
4. FEI Number 65-0264030 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  FILING FEE IS \$61.25  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LINARES, JOSE PEREZ  
1361 SW 124TH CT.  
UNIT C  
MIAMI FL 33184

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | PD                        | 1 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LINARES, JOSE PEREZ       | 1 2 NAME  |   |
| STREET ADDRESS             | 1361 S.W. 124TH COURT     | 1 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MIAMI FL                  | 1 4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                         | 2 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RIVERA, LUIS              | 2 2 NAME  |   |
| STREET ADDRESS             | 1121 SW 74TH AVE.         | 2 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MIAMI FL                  | 2 4 CITY - ST - ZIP                                   |   |
| TITLE                      | TD                        | 3 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HECTOR, CORONA            | 3 2 NAME  |   |
| STREET ADDRESS             | 1470 NW 107TH AVE, UNIT X | 3 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MIAMI FL                  | 3 4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                         | 4 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ODRIOZOLA, CESAR          | 4 2 NAME  |   |
| STREET ADDRESS             | 18 SW 31 CT.              | 4 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MIAMI FL                  | 4 4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                         | 5 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | REMON, RENE               | 5 2 NAME  |   |
| STREET ADDRESS             | 850 WEST 49TH ST. #201    | 5 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | HIALEAH FL                | 5 4 CITY - ST - ZIP                                   |   |
| TITLE                      | VD                        | 6 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUIRCH, GUILLERMO FERN    | 6 2 NAME  |   |
| STREET ADDRESS             | 5931 SW 50TH ST.          | 6 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MIAMI FL                  | 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 110.07(3)(h), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSE PEREZ LINARES *[Signature]* 6/13/95 305-594-4767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)