


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90057 030 \*\*\*\*61.25

0035271

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N42460**

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

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



2. Principal Place of Business 21 <b>1460 NW 107 Ave</b> Suite, Apt. #, etc. 22 <b>SUITE I</b> City & State 23 <b>MIAMI FLORIDA</b> Zip Country 24 <b>33196</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>1460 NW 107 Ave</b> Suite, Apt. #, etc. 27 <b>SUITE I</b> City & State 28 <b>MIAMI FLORIDA</b> Zip Country 29 <b>33196</b> 30 <b>USA</b>	3. Date Incorporated or Qualified <b>03/07/1991</b>	4. FEI Number <b>65-0264030</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---	--	--	---	--

9. Name and Address of Current Registered Agent <b>LINARES, JOSE PEREZ</b> <b>1361 SW 124TH CT,</b> <b>UNIT C</b> <b>MIAMI FL 33184</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1460 NW 107 Ave</b> 83 <b>SUITE I</b> 84 City <b>MIAMI</b> 85 Zip Code <b>FL 33196</b>
---	---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINARES, JOSE PEREZ 1361 S.W. 124TH COURT MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD LINARES, JOSE PEREZ 1460 NW 107 Ave UNIT I MIAMI FLORIDA 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, LUIS 1121 SW 74TH AVE. MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HECTOR, CORONA 1470 NW 107TH AVE, UNIT X MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODRIOZOLA, CESAR 18 SW 31 CT. MIAMI FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REMON, RENE 850 WEST 49TH ST. #201 HIALEAH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUIRCH, GUILLERMO FERN 5931 SW 50TH ST. MIAMI FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/29/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)