1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am secretary of State

04-21-1999 90211 039 ****61.25

DOCUMENT # N9300005088

1. Corporation Name

FRENTE DE LIBERACION CUBANO INC.

Princ	ipal	Place	of	Busine
2111	SW	16TH	TEI	R

MIAMI FL 33145

Mailing Address

2111 SW 16TH TER MIAMI FL 33145

2. 21	2. Principal Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed 11/12/1993							
	Suite, Apt. #; etc.:	Suite, Apt. #, etc.			. نو	4. FEI Number NOT APPLICABLE			plied For t Applicable		
22	City & State	City & State				5. Certificate of Status Desired		\$8.75 Additiona			
24	Zip Country	Zip	Co	untry	•	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
				81	Name						
CHAVEZ, WILLIAM JR 2111 SW 16TH TER				82 Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33145				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.											
s	SIGNATURE						DATE				
	Signature, typed or printed name of registered age				t signature re	uired when reinstating)		DIDECTO	DS IN 12		
12. OFFICERS AND DIRECTORS 13.									Addition		
T!I	mle PD		DELETE 1.1 1	TTLE			ı	Change	[Addition		

agent. I a	m familiar with, and accept the obligations of, Section 617.	0503, Florida	Statutes.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		Ū	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature re	acuired when reinstating)	<u> </u>	DATE		
12.	OFFICERS AND DIRECTORS	(NOTE: NO	13.		CHANGES TO	OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE		ELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	CHAVEZ, WILLIAM		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS			*	,	
CITY-ST-ZIP	MIAMI FL 33145		1.4 C/TY-ST-ZtP		•			
TITLE	TD: 🔀 D	ELETE	2.1 TITLE				Change	☐ Addition
NAME	RODRIGUEZ, RAMON		2.2 NAME					
STREET ADDRESS	-		2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33145	. .	2. 4 CTTY-ST-ZIP	·	~	~.u	· ,	
TITLE	SD D	ELETE	3.1 TITLE				Change	Addition
NAME	RODRIGUEZ, NANCY		3.2 NAME					i
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33145		3.4. CITY-ST-ZIP					<u> </u>
TILE	VPD	ELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	CHAVEZ, WILLIAM JR.		4.2 NAME				•	
STREET ADDRESS	l	•	4.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33145		4.4 CITY-ST-ZIP					
TITLE		ELETE	5.1 TITLE				Change	☐ Addition
NAME	<u> </u>		5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					,
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP					F-14 1 80
TITLE		ELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS	1 ~		6.3 STREET ADDRESS			,		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

HIGHATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

4/17/11

(305) 642-621

Daytime Phone #

-CR2E037 (1.1/98)__