


FILED
Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003438

1. Corporation Name
CIBONEY TRIBE, INC.

Principal Place of Business 8614 SOUTHWEST 148TH PLACE MIAMI FL 33193	Mailing Address 8614 SOUTHWEST 148TH PLACE MIAMI FL 33193
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/15/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 165-0843798
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	
	Zip 30	

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name JORGE L. SALT 82 Street Address (P.O. Box Number is Not Acceptable) 8614 SW 148 PL. 83 84 City MIAMI FL 85 Zip Code 33193
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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: Jorge L. Salt **JORGE L. SALT** DATE: 2-14-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALT, JORGE L	1.2 NAME	
STREET ADDRESS	8614 SOUTHWEST 148TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALT, TAMARA	2.2 NAME	
STREET ADDRESS	8614 SOUTHWEST 148TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNILL, ROBERT	3.2 NAME	
STREET ADDRESS	8614 SOUTHWEST 148TH PLACE	3.3 STREET ADDRESS	5300 W 4 LANE
CITY-ST-ZIP	MIAMI FL 33193	3.4 CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, ROSA M	4.2 NAME	
STREET ADDRESS	8614 SOUTHWEST 148TH PLACE	4.3 STREET ADDRESS	5300 W 4 LANE
CITY-ST-ZIP	MIAMI FL 33193	4.4 CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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: Jorge L. Salt **JORGE L. SALT** DATE: 2-14-99 305-408-5982

CR2E037 (1/198)