

FILED
Jul 05, 2001 8:00 am
Secretary of State

05-22-2001 90623 019 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199A00010617
1. Entity Name RAICES CUBANAS Publishing Corp

Principal Place of Business 731 ORIOLE AVE
MIAMI SPRINGS, FL 33166
Mailing Address 731 ORIOLE AVE
MIAMI SPRINGS, FL 33166

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0950857
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ARTURO GARROTE
3637 SOUTH MIAMI AVE #441
MIAMI, FL 33133

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	
TITLE <u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME <u>JERONIMO ALMEZ</u>	<input checked="" type="checkbox"/>
STREET ADDRESS <u>25045 SW 197 Ave</u>	
CITY-ST-ZIP <u>HOMESTEAD FL 33031</u>	
TITLE <u>VICE PRESIDENT</u>	<input type="checkbox"/> Delete
NAME <u>IRA ESTRELLA RODRIGUEZ</u>	<input checked="" type="checkbox"/>
STREET ADDRESS <u>731 ORIOLE AVE</u>	
CITY-ST-ZIP <u>MIAMI SPRINGS FL 33166</u>	
TITLE <u>VICE PRESIDENT</u>	<input type="checkbox"/> Delete
NAME <u>MANUEL MATIAS SELVA</u>	<input checked="" type="checkbox"/>
STREET ADDRESS <u>8025 NW 7 ST #303</u>	
CITY-ST-ZIP <u>MIAMI FL 33126</u>	
TITLE <u>Treasurer</u>	<input type="checkbox"/> Delete
NAME <u>ROBERT HERNANDEZ</u>	
STREET ADDRESS <u>10909 NW 69 AVE</u>	
CITY-ST-ZIP <u>MIAMI FL 33178</u>	
TITLE <u>SECRETARY</u>	<input type="checkbox"/> Delete
NAME <u>ARTURO GARROTE</u>	
STREET ADDRESS <u>3637 SOUTH MIAMI AVE #441</u>	
CITY-ST-ZIP <u>MIAMI FL 33133</u>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <u>TRADE LITHO</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <u>5301 N.W. 37th AVE</u>	
CITY-ST-ZIP <u>MIAMI FL 33142</u>	
TITLE <u>RAICES CUBANAS</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <u>5150 NW 37 ave</u>	
CITY-ST-ZIP <u>MIAMI FL 33142</u>	
TITLE <u>8025 N.W. 7 ST. #303</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP <u>MIAMI FL 33126</u>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (305) 888-3653
Date

CR2E037 (10/00)