

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90102 040 ***150.00

DOCUMENT # P96000024268

1. Entity Name

COMPANIA CUBANA DE ALCOHOL, INC.

Principal Place of Business

Mailing Address

1101 BRICKELL AVE., STE 1400
 MIAMI FL 33131

1101 BRICKELL AVE., STE 1400
 MIAMI FL 33131-3117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0671109

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

7. Name and Address of New Registered Agent

GUTIERREZ, JR, NICHOLAS J ESQUIRE
1101 BRICKELL AVE., STE 1400
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CARRILLO, ENRIQUE SR | | NAME | |
| STREET ADDRESS 6440 S.W. 20TH TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33155 | | CITY-ST-ZIP | |
| NAME CARRILLO, DOLORES D | | NAME | |
| STREET ADDRESS 3620 GRANADA BLVD. | | STREET ADDRESS | |
| CITY-ST-ZIP CORAL GABLES FL 33134 | | CITY-ST-ZIP | |
| NAME CARRILLO-MENDOZA, GLORIA | | NAME | |
| STREET ADDRESS 801 CAPRI STREET APT. 305 | | STREET ADDRESS | |
| CITY-ST-ZIP CORAL GABLES FL 33134 | | CITY-ST-ZIP | |
| NAME BARRERA, MARGARITA | | NAME | |
| STREET ADDRESS 123 PARK AVNUE APT. 11-C | | STREET ADDRESS | |
| CITY-ST-ZIP NEW YORK NY 10128-1728 | | CITY-ST-ZIP | |
| NAME DEL VALLE RICHARDS, LOYOLA | | NAME | |
| STREET ADDRESS 1101 FLOR LANE | | STREET ADDRESS | |
| CITY-ST-ZIP MCLEAN VA 22101 | | CITY-ST-ZIP | |
| NAME GUTIERREZ, JR, NICHOLAS J ESQ | | NAME | |
| STREET ADDRESS 1101 BRICKELL AVE., STE 1400 | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33131 | | CITY-ST-ZIP | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nicholas J. Gutierrez, Jr.
 Nicolás J. Gutiérrez, Jr., Esq.

305-373-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)