

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S84015 (4)

1. Corporation Name

CUBA LIBRE PRODUCTS-MIAMI, INC.

Principal Place of Business

Mailing Address

% DENNIS M CAMPBELL, P.A.  
200 S BISCAYNE BLVD. STE 4500  
MIAMI FL 33131

% DENNIS M CAMPBELL, P.A.  
~~200 S BISCAYNE BLVD. STE 4500~~  
~~MIAMI FL 33131~~



2. Principal Place of Business  
21 c/o DENNIS M CAMPBELL, P.A.  
Suite, Apt. #, etc.  
22 1 SE THIRD AVE. 17th Floor  
City & State  
23 Miami, Fl  
Zip  
24 33131  
Country  
25 USA

2a. Mailing Address  
26 c/o DENNIS M CAMPBELL, P.A.  
Suite, Apt. #, etc.  
27 1 SE THIRD AVE. 17th Floor  
City & State  
28 Miami, Fl  
Zip  
29 33131  
Country  
30 USA

3. Date Incorporated or Qualified 10/01/1991  
3a. Date of Last Report 07/26/1995  
4. FEI Number 65-0286102  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CAMPBELL, DENNIS M, P.A.  
% MERSON, SAWYER, JOHNSTON THOMSON MURARO  
200 S BISCAYNE BLVD. STE 4500  
MIAMI FL 33131  
1 SE 3rd Ave.  
17th Floor  
Miami, Fl. 33131

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D VIELLA, CANDIDO J.	P O BOX 113529 N/A	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CANDIDO J. VIELLA

8/1/96

DATE

DATE

CR2E034 (3/96)