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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42460

1. Corporation Name

ALIANZA CUBANA INC.

Principal Place of Business

1361 SOUTHWEST 124TH COURT
UNIT C
MIAMI FL 33184-2367

Mailing Address

1361 SOUTHWEST 124TH COURT
UNIT C
MIAMI FL 33184-2367



2. Principal Place of Business

21 **1460 NW 107 Ave**

Suite, Apt. #, etc.

22 **SUITE I**

City & State

23 **MIAMI FLORIDA**

Zip

24 **33196**

Country

25 **USA**

2a. Mailing Address

26 **1460 NW 107 Ave**

Suite, Apt. #, etc.

27 **SUITE I**

City & State

28 **MIAMI FLORIDA**

Zip

29 **33196**

Country

30 **USA**

3. Date Incorporated or Qualified

03/07/1991

4. FEI Number

65-0264030

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

9. Name and Address of Current Registered Agent

LINARES, JOSE PEREZ
1361 SW 124TH CT,
UNIT C
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name

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

1460 NW 107 Ave

83 **SUITE I**

84 City **MIAMI**

FL

85 Zip Code

33196

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

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 **PD** ☐ DELETE
NAME **LINARES, JOSE PEREZ**
STREET ADDRESS **1361 S.W. 124TH COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **RIVERA, LUIS**
STREET ADDRESS **1121 SW 74TH AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE
NAME **HECTOR, CORONA**
STREET ADDRESS **1470 NW 107TH AVE, UNIT X**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **ODRIOZOLA, CESAR**
STREET ADDRESS **18 SW 31 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **REMON, RENE**
STREET ADDRESS **850 WEST 49TH ST. #201**
CITY-ST-ZIP **HIALEAH FL**

TITLE **VD** ☐ DELETE
NAME **QUIRCH, GUILLERMO FERN**
STREET ADDRESS **5931 SW 50TH ST.**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **LINARES, JOSE PEREZ**
1.4 CITY-ST-ZIP **1460 NW 107 Ave UNIT I MIAMI FLORIDA 33196**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)