

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09475

Entity Name: SOCIEDAD CUBANA DE ORLANDO, INC.**Current Principal Place of Business:**5088 HOFFNER AVE
ORLANDO, FL 32812**Current Mailing Address:**PO BOX 593281
ORLANDO, FL 32859-0281 US**FEI Number:** 59-2612382**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTEGA, SILVIO
1677 BELAIR AVE
ORLANDO, FL 32812 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ORTEGA, SILVIO
Address	1677 BEL AIR AVE
City-State-Zip:	ORLANDO FL 32812

Title	S
Name	MELCON, BARBARA
Address	228 E FILMORE AVE
City-State-Zip:	ORLANDO FL 32809

Title	T
Name	ALEJO, JOSE
Address	5088 HOFFNER AVE
City-State-Zip:	ORLANDO FL 32859

Title	VP
Name	SIKES, FERNANDO
Address	3339 STONEWOOD CRT
City-State-Zip:	ORLANDO FL 32806

Title	VS
Name	SANCHEZ, NANCY
Address	PO BOX 593281
City-State-Zip:	ORLANDO FL 32859-0281

Title	VT
Name	MAITIN, MIGUEL
Address	5088 HOFFNER AVE
City-State-Zip:	ORLANDO FL 32859

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SILVIO ORTEGA**PRESIDENT****01/31/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date