COF ANNI	LE NOW: FILING FEE PROFIT RPORATION JAL REPORT 1997	FLORIDA DEF Sandra Socre	ARTMENT OF STATE B. Mortham etary of State F CORPORATIONS	Aug 05	ILED 1997 8: ary of S	
CUBAN Principal Plac	MENT # 363540 MARKET, INC. e of Business LAND HIGHWAY L 33440	Mailing Address 806 E SUGARLAND HIG CLEWISTON FL 33440				
				3. Date Incorporated or Qualified 05/04/1970	3a. Date of Last F 05/01/1996	leport
<b>-</b> '	lace of Business	2a. Mailing Address		4. FEI Number	A	oplied For
Suite, Apt.	#, elc.	26 Suite, Apt #, etc.		59-1290299	60 75	ot Applicable Additional
2				5. Certificate of Status Desired LJ Fee Required		
City & Stat		Cily & State	·	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s	. 199.032,
in the second			83 84 City		FI 85 Zip	Code
			84 City tules, the above-named co is authorized by the corpor. Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acce	<b>PL</b> purpose of changing li pt the appointment as	
GIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (N ID DIRECTORS	84 City		purpose of changing II pt the appointment as	ts registered registered
BIGNATURE 2. ITLE	Signature, typod or printed name of registered ag OFFICERS AN	ent and title if applicable (N	84     City       tules, 'the above-named co     is authorized by the corpor.       Florida Statutes.     is authorized by the corpor.       IOTE: Registered Agent signature reg     13.       1.1 TITLE     1.1 TITLE	uired when reinstating)	purpose of changing II pt the appointment as	ts registered registered
SIGNATURE 2. IILE IAME	Signature typed or prived name of registered ag OFFICERS AN <b>PD</b> <b>GONZALEZ,GERARDO G</b> <b>303 VIA DEL AQUA</b>	ent and title if applicable (N ID DIRECTORS	84 City tules, the above-named co is authorized by the corpor- Florida Statutes. IOTE Registered Agent signature req 13.	uired when reinstating)	DATE DATE CERS AND DIRECTOR	ts registered registered
BIGNATURE 2. ITLE AME TREET ADDRESS ITY-S1-2IP	Signature, typod or printed name of registered ag OFFICERS AN PD GONZALEZ, GERARDO G 303 VIA DEL AQUA CLEWISTON FL	ent and title if applicable (* ID DIRECTORS	84     City       tules, 'the above-named co s authorized by the corport Florida Statutes.     Intermediate       IOTE: Registered Agent signature reg     13.       1.1 TITLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP	uired when reinstating)	DATE CERS AND DIRECTOR	is registered registered IS IN 12
SIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	Signature, typed or prived name of registered ag OFFICERS AN GONZALEZ, GERARDO G 303 VIA DEL AQUA CLEWISTON FL STD GONZALEZ, GODOBERTO	ent and title if applicable (N ID DIRECTORS	84     City       tules, 'the above-named co     is authorized by the corport       Florida Statutes.     is authorized Agent signature reg       13.     1.1 TITLE       1.2 NAME     1.3 STREET ADDRESS	uired when reinstating)	DATE DATE CERS AND DIRECTOR	ts registered registered
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SIGNATURE 2. ITLE XAME TREET ADDRESS ITY-ST-ZIP ITLE XAME TREET ADDRESS ITY-ST-ZIP	Signature typod or privied name of registered ag OFFICERS AN GONZALEZ, GERARDO G 303 VIA DEL AQUA CLEWISTON FL STD GONZALEZ, GODOBERTO 1907 N.W. PINELAKE DR. STUART FL T	ent and title if applicable (* ID DIRECTORS	84 City   tules, 'the above-named co is authorized by the corport Florida Statutes.   IOTE: Registered Agent signature reg   13.   1.1 TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   2.1 TITLE   2.2 NAME	uired when reinstating)	DATE CERS AND DIRECTOR	is registered registered IS IN 12
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