

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 715390 (1)  
1. Corporation Name  
CUBAN WOMEN'S CLUB, INC.



Principal Place of Business Mailing Address  
970 S.W. 1ST STREET 970 S.W. 1ST STREET  
P.O. BOX 140133 P.O. BOX 140133  
CORAL GABLES FL 33130 CORAL GABLES FL 33130

|                                |                        |                                                                                         |                                |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report        |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 10/09/1968                                                                              | 05/01/1995                     |
| 22 City & State                | 27 City & State        | 4. FEI Number                                                                           | Applied For                    |
| 23 Zip                         | 28 Zip                 | 59-1236064                                                                              | Not Applicable                 |
| 24 Country                     | 29 Country             | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required |
|                                | 30                     | 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

10. Name and Address of New Registered Agent

NANCY  
MARIA MARQUEZ (NANCY MARQUEZ)  
2725 SW 3RD AVE  
2575 S.W. 108 AVENUE  
MIAMI FL 33174

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

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 date of appointment

(NOTE: Registered Agent signature required when re-stating)

DATE

| 12. OFFICERS AND DIRECTORS |                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      |                                          | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 12 NAME                                               |                                                                   |
| STREET ADDRESS             |                                          | 13 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                                          | 14 CITY-ST-ZIP                                        |                                                                   |
| TITLE                      |                                          | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DP MARQUEZ, MARIA <i>Nancy PRESIDENT</i> | 22 NAME                                               |                                                                   |
| STREET ADDRESS             | 970 SW 1ST ST                            | 23 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                | MIAMI FL                                 | 24 CITY-ST-ZIP                                        |                                                                   |
| TITLE                      |                                          | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VD TUNON, WILMA <i>VICE-PRESIDENT</i>    | 32 NAME                                               |                                                                   |
| STREET ADDRESS             | 970 SW 1ST ST                            | 33 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                | MIAMI FL                                 | 34 CITY-ST-ZIP                                        |                                                                   |
| TITLE                      |                                          | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <i>IF BIL A. GUINNESS TREASURER</i>      | 42 NAME                                               |                                                                   |
| STREET ADDRESS             | <i>SAME ADDRESS AS ABOVE</i>             | 43 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                                          | 44 CITY-ST-ZIP                                        |                                                                   |
| TITLE                      |                                          | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <i>HILDA GARCERAN SOUTHER</i>            | 52 NAME                                               |                                                                   |
| STREET ADDRESS             | <i>SAME ADDRESS AS ABOVE</i>             | 53 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                                          | 54 CITY-ST-ZIP                                        |                                                                   |
| TITLE                      |                                          | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 62 NAME                                               |                                                                   |
| STREET ADDRESS             |                                          | 63 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                                          | 64 CITY-ST-ZIP                                        |                                                                   |

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 promoter 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)