

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 13 1998 8:00am  
Secretary of State



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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998

DOCUMENT #  
1. Corporation Name

CUBAN WOMEN'S CLUB INC

715390

Principal Place of Business

Mailing Address

1629 W. FLAGLER ST.  
MIAMI - FLORIDA

P.O. BOX 140133  
CORAL GABLES FL 33114  
33114

CORRECT ADDRESS

3. Date Incorporated or Qualified  
10-9-1968

4. FEI Number  
59-1236064

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILMA TUÑON  
1140 W. 28th St.  
HIALEAH FL 33010

81 Name

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

83

84 City

FL

85 Zip Code

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

*Wilma Tuñon*

5-5-98

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  
WILMA TUÑON ☒ DELETE VICE PRESIDENT  
1140 W. 28th ST  
HIALEAH FL 33010

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
NANCY MARQUEZ ☒ DELETE  
970 SW 1ST ST  
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
IBIS GUINNESS ☒ DELETE TREASURER  
SAME ABOVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
HILDA GARCERAN-SEC. ☒ DELETE  
SAME ABOVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  
WILMA TUÑON ☒ Change ☐ Addition  
1140 W 28th ST. PRESIDENT  
HIALEAH FL 33140

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

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  
TREASURER CARMEN ALVARADO ☒ Change ☐ Addition  
10145 NW 9th St. CR.  
MIAMI FL 33142

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  
SECRETARY CONSUELO OTERO ☒ Change ☐ Addition  
150 DELCADO  
CORAL GABLES FL 33134

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  
900002588439  
-07/14/98--01064--007  
\*\*\*\$61.25

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.

SIGNATURE:

*Alvarado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/98

305-5514316

Date

Daytime Phone #

CR2E037 (10/97)