

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90133 039 \*\*\*\*61.25

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**DOCUMENT # 715390**

1. Corporation Name

**CUBAN WOMEN'S CLUB, INC.**

Principal Place of Business

1629 W. FLAGLER ST.  
MIAMI FL 33145  
US

Mailing Address

PO BOX 140133  
CORAL GABLES FL 33114  
US



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

24

25

29

30

9. Name and Address of Current Registered Agent

**TUNON, WILMA**  
**1140 W 28TH STREET**  
**HIALEAH FL 33010**

3. Date Incorporated or Qualified

**10/09/1968**

4. FEI Number

**59-1236064**

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**

10. Name and Address of New Registered Agent

81 Name

**DR ELSA ECHEMENDIA**

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

**6075 PINE TREE DR**

83

84 City **MIAMI BEACH**

FL

85 Zip Code **33140**

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

*Elsa Echemendia* **ELSA ECHEMENDIA**

**2/3/99**

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 **DP** ☒ DELETE  
NAME **MARQUEZ, MARIA**  
STREET ADDRESS **1140 W 28TH STREET**  
CITY-ST-ZIP **HIALEAH FL 33140**

TITLE **VPD** ☒ DELETE  
NAME **TUNON, WILMA**  
STREET ADDRESS **970 SW 1ST ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☒ DELETE  
NAME **GUINNESS, IBIS A**  
STREET ADDRESS **970 SE 1ST ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ DELETE  
NAME **GARCERAN, HILDA**  
STREET ADDRESS **970 SW 1ST ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ELSA ECHEMENDIA** **DP** ☒ Change ☐ Addition  
1.2 NAME **PRESIDENT**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **EDITH LIMA** ☒ Change ☐ Addition  
2.2 NAME **214 SAN MARINO DR**  
2.3 STREET ADDRESS **SAN MARINO FL 33139**  
2.4 CITY-ST-ZIP

3.1 TITLE **TREASURER** **TD** ☒ Change ☐ Addition  
3.2 NAME **CARMEN ALVARADO**  
3.3 STREET ADDRESS **10145 NW 9 ST CR**  
3.4 CITY-ST-ZIP **MIAMI FL 33172**

4.1 TITLE **SECRETARY** **SD** ☒ Change ☐ Addition  
4.2 NAME **CONSUELO OTERO**  
4.3 STREET ADDRESS **1550 DELGADO**  
4.4 CITY-ST-ZIP **CORAL GABLES FL 33146**

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: *Alvarado* **ALVARADO** **2/3/99** **305-5514316**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)