

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 715390

FILED
Oct 22, 2004
Secretary of State**Entity Name:** CUBAN WOMEN'S CLUB, INC.**Current Principal Place of Business:**1629 W. FLAGLER ST.
MIAMI, FL 33145 US**New Principal Place of Business:**1770 WEST FLAGLER ST.
SUITE 3
MIAMI, FL 33135 US**Current Mailing Address:**PO BOX 140133
CORAL GABLES, FL 33114 US**New Mailing Address:****FEI Number:** 59-1236064 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**ROVIROSA, DOLORES F
1809 BRICKELL AVE
APT 102
MIAMI, FL 33129 US**Name and Address of New Registered Agent:**SUAREZ, AMANDA
1770 W. FLAGLER ST.
#3
MIAMI, FL 33135 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: AMANDA SUAREZ

10/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: ALOMA, LYLIA
Address: 5851 SW 38 ST
City-St-Zip: MIAMI, FL 33155**Title:** VPD () Delete
Name: POU, GLORIA
Address: 5330 NW 114 AVE #208
City-St-Zip: MIAMI, FL 33178**Title:** T () Delete
Name: SUAHEZ, ARNANDAE
Address: 11938 SW 72 TERRACE
City-St-Zip: MIAMI, FL 33182**Title:** PD () Delete
Name: MACNAMARA, CARIDAD
Address: 66 VALENCIA #202
City-St-Zip: CORAL GABLES, FL 33134**Title:** RS () Delete
Name: ROVIROSA, DOLORES
Address: 1809 BRICKELL AVE #1012
City-St-Zip: MIAMI, FL 33129**Title:** CS () Delete
Name: CERDA, OMELIA
Address: 8860 SW 18 TERR
City-St-Zip: MIAMI, FL 33165**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MACNAMARA, CARIDAD
Address: 66 VALENCIA #202
City-St-Zip: CORAL GABLES, FL 33134**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: HUERTAS, NORKI
Address: 6780 SW 26 TERRACE
City-St-Zip: MIAMI, FL 33155**Title:** CS (X) Change () Addition
Name: GARCIA, BERTHA DDS
Address: 5033 NW 7 STREET #608
City-St-Zip: MIAMI, FL 33126**Title:** VT (X) Change () Addition
Name: LOPEZ DE MENDOZA, MARCIA
Address: 105 SW 127TH AVENUE
City-St-Zip: MIAMI, FL 33184**Title:** S (X) Change () Addition
Name: SUAREZ, AMANDA
Address: 11938 SW 72 TERRACE
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORKI HUERTAS

T

10/22/2004

Electronic Signature of Signing Officer or Director

Date