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NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7228

(1)

CIRCULO CUBANO DE TAMPA, INC.									
Principal Place	of Business	Mailing Address					itil bibli bibli t	JII HUU III	
2010 AVENIDA REPUBLICA DE CUBA/14TH ST. P O BOX 5625 TAMPA FL 33605 TAMPA FL 33675-5625									
		US				3. Date Incorporated or Qualified 03/01/1972	3a. Date 04	of Last Re /17/199	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21 Cuito Apt 4	II - A -	26 Suite Apt # etc				59-1093645			t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	× ×	8.75 A Fee Re	
City & State)	City & State				6. Election Campaign Financing		\$5.00	·
23		28				Trust Fund Contribution		Added to	
Zip	<u> </u>			untry	1	8. This corporation has liability for intangible tax under s. 199.032,			
24	9, Name and Address of Curren	29 nt Registered Agent	[30]	т	·····	Florida Statutes L 10. Name and Address of New Re	Yes X		
	8, Hallio altu Audiasa di Carrat	II USAletaian Wanii		81	Name	IO' HERITA BUR WASHER ALIKET THE	Alexanda va	<u> </u>	
PEREZ-PI	EDRERO, ROLANDO								
2010 AVE REPUBLICA DE CUBA				82 Street Address (P.O. Box Number is Not Acceptable)					
TAMPA F	· · · · ·			63					
				84	City			85 Zip (Code
	10 017.000	TO THE STATE OF THE STATE OF		1	,				
11. Pursuant to office or re agent. Lar	to the provisions of Sections 617,050 egistered agent, or both, in the State m familiar with, and accept the oblig:	J2 and 617.1508, Fiorida 5i i of Florida. Such change w lations of, Section 617.0500	tatutes, the a vas authoriza 3, Florida Sta	atutes	3-hamed corpora / the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accept	pt the appoin	anging is tment as i	registered
SIGNATURE _	Signature, typed or printed name of registered age		CANTE: Pagietor	And	alexantre cha	wired when reinstating)	DATE		
12.		ID DIRECTORS	13,	····	ill sellution red	ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12
TITLE	VD DELETE			1.1 TITLE				Change	Addition
NAME	PEREZ, ANGELO PEREZ		1.21	NAME					
STREET ADDRESS	2010 AVENIDA REPUBLICA D	E CUBA	1.3 5	STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL	DELETE		CITY-S	T-ZIP			1 Change	Addition
TITLE	TD Perez, O ristino L	☐ DELETE		title Name			L	Change	Addition
STREET ADDRESS	2010 AVENIDA REPUBLICA D	IF CURA			ADDRESS				
CITY-ST-ZIP	TAMPA FL	L 000/1		CITY-5			•		
TITLE	PD	DELETE		TITLE	51-24	***************************************		Change	Addition
NAME	PEREZ-PEDRERO, ROLANDO		3.21	NAME					
STREET ADDRESS	2010 AVENIDA REPUBLICA D	DE CUBA	3.3 !	STREET	T ADDRESS				
CITY-ST-ZIP	TAMPA FL 33605	T DELETT		CITY-8	ST-ZIP			1 01	- delition
TITLE		L_ DELETE	1	TITLE	Ī		<u></u>	Change	L. Addition
NAME STREET ADDRESS				NAME OTREET	1				
CITY-ST-ZIP				SINKEI CITY-S	T ADDRESS				
TITLE		☐ DELETE		TITLE	11-4-11			Change	Addition
NAME			5.21	NAME				•	
STREET ADDRESS			5.3	STREET	T ADORESS				
CITY-ST-ZIP	,			CITY-S	ST-ZIP				
TITLE		☐ DELETE		TITLE			L	Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP 14. 1 do hereb	ov certify that the information supplie	and with this filling does not r	qualify for the	CITY-S e exe	tata noitome	ed in Section 119,07(3)(i), Florida Statute	as. I further o	artify that	the
l information	o indicated on this gapual regard or o	cunnismonisi annusi tarat	rtie true end		ilrete end th	nat my signature shall have the same lega port as required by Chapter 617, Florida s	al attact acit	maria una	aar aata Inat