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
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90015 004 ****61.25

DOCUMENT # 732234

1. Corporation Name
CIRCULO NAVAL CUBANO, INC.

Principal Place of Business	Mailing Address
451212 SHENANDOAH STA MIAMI FL 33245-8212	451212 SHENANDOAH STA MIAMI FL 33245-8212

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/21/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0064565 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DRIGGS, GUILLERMO 2975 S.W. 18TH STREET MIAMI FL 33145	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	☐ DELETE	1.1 TITLE	V3	☑ Change ☐ Addition
NAME	LLANGERAS, ROBERTO		1.2 NAME	MARTINEZ, CARLOS	
STREET ADDRESS	7910 N.W. 173RD ST.		1.3 STREET ADDRESS	12471 S.W. 23RD TER	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	☑ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	GONZALEZ, RENE		2.2 NAME	DUYOS, RAFAEL	
STREET ADDRESS	13255 S.W. 88TH LANE #306		2.3 STREET ADDRESS	7764 S.W. 129 CT	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL. 33183	
TITLE	PD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	PINO, LUIS		3.2 NAME	LENSE, PABLO	
STREET ADDRESS	7741 S.W. 21ST ST.		3.3 STREET ADDRESS	10120 S.W 91 TH TER.	
CITY-ST-ZIP	MIAMI FL 33155		3.4. CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	☑ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	VAZQUEZ, ANDRES		4. 2 NAME	PINO, LUIS	
STREET ADDRESS	903 W. 79TH PLACE		4.3 STREET ADDRESS	7741 S.W. 21ST ST.	
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, ROBERTO		5.2 NAME		
STREET ADDRESS	3881 N.W. 1ST ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE	V	☑ Change ☐ Addition
NAME	MARTINEZ, CARLOS		6.2 NAME	LLANERAS, ROBERTO	
STREET ADDRESS	12471 SW 23RD TERR		6.3 STREET ADDRESS	7910 N.W. 173RD ST.	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI, FL 33015	

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: SIGNATURE REQUIRED Roberto Sanchez-Fdo Roberto Sanchez 4/17/99 (305) 649-4468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)