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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733585 (4)

1. Corporation Name

CUBAN MUSEUM OF THE AMERICAS, INC.

Principal Place of Business

1300 SOUTHWEST 12TH AVENUE
MIAMI FL 33129

Mailing Address

1300 SOUTHWEST 12TH AVENUE
MIAMI FL 33129-25123. Date Incorporated or Qualified
08/14/19753a. Date of Last Report
09/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number
51-0189615Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOFRE-COLLETT, LOURDES
390 GULF RD.
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

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

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 P ☐ DELETE
NAME JOFRE-COLLETT, LOURDES
STREET ADDRESS 390 GULF RD.
CITY-ST-ZIP KEY BISCAYNE BLVD. FL 33149TITLE S ☐ DELETE
NAME SANCHEZ, HARRY DR
STREET ADDRESS 1043 SOROLLA AVE.
CITY-ST-ZIP CORAL GABLES FL 33134TITLE T ☐ DELETE
NAME GONZALEZ, CARLOS
STREET ADDRESS 2333 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL 33129TITLE D ☐ DELETE
NAME ALONSO, FERNANDO
STREET ADDRESS 6790 SW 67 ST
CITY-ST-ZIP MIAMI FL 33143TITLE D ☐ DELETE
NAME CHAO, OLGA
STREET ADDRESS 1414 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33131TITLE D ☐ DELETE
NAME MIYAR, RAFAEL
STREET ADDRESS 7155 OLD CUTLER RD
CITY-ST-ZIP CORAL GABLES FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 do 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 or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Pres.

Date 2/21/97 305-858-8006

CR2E037 (9/96)