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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

SIGNATURE:

(4)

CUBAN MUSEUM OF THE AMERICAS, INC.

FILED Mar 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address		
•		1 12011) (0200 (1)25 (1(0) 0110) (0121 01011 01011 01011 01011 01011 01011 01011
1300 SOUTHWEST 12TH AVENUE 1300 SOUTHWEST 12TH AVENU	UΕ	3. Date Incorporated or Qualified
MIAMI FL 33129 MIAMI FL 33129		08/14/1975
		4- FEI Number Applied For
		51-0189615 Not Applicable
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add		5. Certificate of Status Desired Section Fee Regulred
Suite, Apt. #, etc. Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 27	L. J. WIEW	Trust Fund Contribution Added to Fees
City & State City & State 23 28		7. Is this nonprofit corporation a homeowners association?
Zip Country Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25 29 30		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
	81 Name	
JOFRE-COULLETT, LOURDES	82 Street A	ddress (P.O. Box Number is Not Acceptable)
390 GULF RD. KEY BISCAYNE FL 33149	83	A MARKET CONTRACTOR OF THE CON
VEL DISOVINE LE 22142	44 0	las I 7 Code
	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the	the above-named o	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 author agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida.	orized by the corpo	oration's board of directors. I hereby accept the appointment as registered
-		
SIGNATURE Signature typed or printed hanke of registered agent and title if applicable (NOTE: Reg	pistered Agent signature r	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE	1.1 TITLE	Change Addition
	1	
NAME JOFRE-COLLETT, LOURDES	1.2 NAME	
STREET ADDRESS 390 GULF RD.	1.2 NAME 1.3 STREET ADDRESS	
STREET ADDRESS 390 GULF RD. CITY-ST-ZIP KEY BISCAYNE BLVD. FL 33149	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
STREET ADDRESS 390 GULF RD. CITY-ST-ZIP KEY BISCAYNE BLVD. FL 33149 TITLE S DELETE	1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE	5 Addition
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