

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified
08/14/1975

4. FEI Number 51-0189615	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners' association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	<input type="checkbox"/> DELETE
NAME	P JOFRE-COULETT, LOURDES
STREET ADDRESS	390 GULF RD.
CITY - ST - ZIP	KEY BISCAYNE BLVD. FL 33149
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S SNACHEZ, HARRY DR
STREET ADDRESS	1043 SOROLLA AVE
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	T GONZALEZ, CARLOS
STREET ADDRESS	2333 BRICKELL AVE
CITY - ST - ZIP	MIAMI FL 33129
TITLE	<input type="checkbox"/> DELETE
NAME	D ALONSO, FERNANDO
STREET ADDRESS	6790 SW 67 ST
CITY - ST - ZIP	MIAMI FL 33143
TITLE	<input type="checkbox"/> DELETE
NAME	D CHAO, OLGA
STREET ADDRESS	1414 BRICKELL AVE
CITY - ST - ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	D 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S GEMA M. PIÑON
2.3 STREET ADDRESS	100 So. Biscayne Blvd. Suite 600
2.4 CITY - ST - ZIP	MIA, FL 33131
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T SERGIO G. GRANADOS
3.3 STREET ADDRESS	1221 Brickell Ave 14th Floor
3.4 CITY - ST - ZIP	MIA, FL 33131
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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, 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 in an attachment with an address.

SIGNATURE:

[Signature]

2/20/98

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