


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90004 029 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741174**

1. Corporation Name  
**GRAN LOGIA DE CUBA A.L. & A.M., INC.**

Principal Place of Business 910 NW 22ND AVE MIAMI FL 33125	Mailing Address 910 NW 22ND AVE MIAMI FL 33125
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/20/1977
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-1795407
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>SALAS-AMARO, ARMANDO 534 S.W. 68 AVE. MIAMI FL FL 33056</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code <b>FL</b>

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 <b>SD</b>	<b>GUTIERREZ, BENIGNO J</b> 9678 NW FONTAINEBLE BLVD #306 MIAMI FL	1.1 TITLE <b>SD</b>	<b>GUTIERREZ, BENIGNO J.</b> 9678 NW FONTAINEBLE BLVD. #306 MIAMI, FL. 33172
TITLE <b>PD</b>	<b>SANCHEZ, JORGE</b> 4500 W 19 CT #D-331 HIALEAH FL	2.1 TITLE <b>TD</b>	<b>INCERA, JOSE ANTONIO</b> 9545 SW 45 ST MIAMI, FL 33165
TITLE <b>TD</b>	<b>DIAZ, ARMANDO I.</b> 3313 N. W. 3 ST. MIAMI FL	3.1 TITLE <b>PD</b>	<b>DIAZ, ARMANDO I.</b> 3313 N.W. 3 ST. MIAMI, FL. 33125
TITLE		4.1 TITLE	
TITLE		5.1 TITLE	
TITLE		6.1 TITLE	

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 *Jose A. Incera* **TREASURER** Date **2/10/99** Daytime Phone # **305-876-0585**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)