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FILED

May 12 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766186 (1)

1. Corporation Name

CUBAN MUNICIPALITIES FAIR, CORP.

Principal Place of Business

Mailing Address

% ROLANDO FERNANDEZ RADRON  
4900 N.W. 7 ST.  
MIAMI FL 33126% ROLANDO FERNANDEZ RADRON  
4800 N.W. 7 ST.  
MIAMI FL 33126-23093. Date Incorporated or Qualified  
12/17/19823a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2443658

Applied 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

10. Name and Address of New Registered Agent

FERNANDEZ PADRON, ROLANDO  
4600 NW 7 ST  
MIAMI FL 33126

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CANTON, RAMON  
STREET ADDRESS 8601 SW 18 ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME FERNANDEZ PADRON, ROLAND  
STREET ADDRESS 50 SW 58 CT  
CITY-ST-ZIP MIAMI FL ☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD  
NAME ESTORINO, JULIO  
STREET ADDRESS 6551 SW 127 PATH  
CITY-ST-ZIP MIAMI FL ☒ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☒ Change ☐ Addition  
SD  
JULIO ESTORINO  
10300 SW 24 ST  
MIAMI FL 33165-7918TITLE TD  
NAME SALAS, MIGUEL  
STREET ADDRESS 2050 NW 16 TERR NO 109 E  
CITY-ST-ZIP MIAMI FL ☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME PERDOMO, DESIDERIO  
STREET ADDRESS 6401 SW 106 AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME MONTESERIN, FELICIA  
STREET ADDRESS 7945 SW 23 ST  
CITY-ST-ZIP MIAMI FL ☒ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☒ Addition  
D  
JULIO ESTORINO  
1024 NW 18 ST  
MIAMI FL 33125

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028374

CR2E037 (9/96)