## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

**SIGNATURE** 

766186

(1)

CUBAN MUNICIPALITIES FAIR, CORP.

FILED											
Mar 31	1998	8:00am									
Secre	tary o	f State									

2/27/98

(305) 447-8866

Principal Place of Business Mailing Address					1 100111 10310 0110 01101 11301	I ODER DEN DIEN GIBN		HER DIE	AN GIBN (GG)	
% ROLANDO FERNANDEX RADRON 4800 N.W. 7 ST. MIAMI FL 33126		% ROLANDO FERNANDEX RADRON		H	3. Date Incorporated or Quali	fied				
			4600 N.W. 7 ST. MIAMI FL 33126		12/17/1982					
		MINITE OVIEV			4. FEI Number			Ap	plied For	
<b>6</b> 8 1 1 1 8		10-14-7			<u>59-2443658</u>	<del></del>		No	t Applicable	
<u> </u>	Place of Business	2a. Mailing Address	NTD 4	- 1	5. Certificate of Status Desire	d 🔀	,		Additional	
21 % ROB! Sulte, Apt.	ERTO PEREDA	26 % ROBERTO PER Suite, Apt. #, etc.	KEDA	-+	8 Cinetine Consider Financia				beriupe	
	NW 7 ST	27 4600 NW 7 ST		İ	<ol> <li>Election Campaign Financial Trust Fund Contribution</li> </ol>	<sup>71</sup> 9 □			May Be Fees	
City & Stat		City & State			7. Is this nonprofit corporation		_			
23 MIAMI	FL. 33126	28 MIAMI FL. 331	126		To the Heripion of polatic		] No	Jacob		
Zip	Country	Zip	Country		8. This corporation owes or h	as paid the curr	ent ye	ar Inti	angible	
24 331			DADE		Personal Property Tax due		Yes		No No	
	P. Name and Address of Curre	nt Registered Agent			0. Name and Address of Ne	w Registered A	gent			
			81 Name	<sup>₿</sup> IV	AN E. HERNANDEZ					
	IDEZ PADRON, ROLANDO		82 Street		(P.O. Box Number is Not Acc	eptable)				
4600 NV			83	461	00 NW 7 ST					
MIAMI F	L 33126		63	MI	AMI FL. 33126	·				
ĺ			84 City	MI	AMI	FL	85	339	ode	
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statutes	the above-name							
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was au	thorized by the cor	rporation's	s board of directors. I hereby	accept the appo	intme	nt as	registered	
	IVAN E. HERNANDE				( )	2/2				
SIGNATURE .	Signature, typed or printed name of registered ag-		Registered Agent signatur	re required w	hen reinstating)	DATE	1130	<u></u>		
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.		ADDITIONS/CHANGES TO (					
TITLE	PD	DELETE	1.1 TITLE	PD		₹	<b>⊆</b> Cha	ร <b>บอ</b> ิด	☐ Addition	
NAME	CANTON, RAMON		1.2 NAME		EDA, ROBERTO					
STREET ADDRESS	8601 SW 16 ST		1.3 STREET ADDRESS		3 SW 6 ST					
CITY-ST-ZIP	MIAMI FL	₩ oruge	1.4 CITY-ST-ZIP	D	MI FL 33135	·	30.06		T takking	
TITLE	D D	<b>₹</b> ) DELETE	2.1 TITLE	1	CHOAR	L	X Cha	nige	Addition	
NAME	FERNANDEZ PADRON, ROLA	שא	2.2 NAME		CESAR NW 129 PL					
STREET ADDRESS	50 SW 58 CT		2.3 STREET ADDRESS		MI FL 33182					
CITY-\$T-ZIP TITLE	MIAMI FL SD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	11211	11 11 33102		Cha	ange.	Addition	
NAME	HERNANDEZ, IVAN	4	3.2 NAME			•				
STREET ADDRESS	10300 SW 24 ST		3.3 STREET ADDRESS	:	÷					
CITY-ST-ZIP	MIAMI FL		3.4, CITY-ST-ZIP							
TITLE	TO	DELETE	4.1 TITLE				Cha	ange	Addition	
NAME	SALAS, MIGUEL		4. 2 NAME	}	•					
STREET ADDRESS	2050 NW 16 TERR NO 109 E		4.3 STREET ADDRESS	[						
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP							
TITLE	D	<b>Z</b> I DELETE	S.1 TITLE	D		*	Cha	ınge	Addition	
NAME	PERDOMO, DESIDERIO		5.2 NAME		CHEZ RICARDO					
STREET ADDRESS	6401 SW 106 AVE		5.3 STREET ADDRESS		NW 59 CT					
CITY-ST-ZIP	MIAMI FL	[2] access	5.4 CITY-ST-ZIP	MIAN	MI FL 33126				g autota -	
TITLE	D SATABILIA HILIA	DELETE	6.1 TITLE	D		4	<b>⊆</b> Cha	inge	Addition	
NAME	ESTORINO, JULIO		6.2 NAME		ZALEZ, EDGAR					
STREET ADDRESS	1024 NW 18 PL		6.3 STREET ADDRESS	J	5 SW 122 AVE					
City-St-ZiP	MIAMI FL pertify that the information supplied w	ith this filing does not qualify for	6.4 CITY-ST-ZIP		4I FL 33175 tion 119.07(3)(i) Florida Statut	les I further cert	ify the	it the	information	
Indicated	on this annual rapart his cumplements	d appual copact is true and accur	rata and that my cir	angtura el	hall have the name local offeri	t an if made und	or Astl	h. the	tlam an	
officer or director of the concern 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 changled, or of any ltachment with an address.										