


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90037 014 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 766186</b>					
1. Corporation Name <b>CUBAN MUNICIPALITIES FAIR, CORP.</b>					
Principal Place of Business C/O ROBERTO PEREDA 4600 N.W. 7 ST. MIAMI FL 33126 US			Mailing Address C/O ROBERTO PEREDA 4600 N.W. 7 ST. MIAMI FL 33126 US		

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2. Principal Place of Business 21 Miguel Salas Suite, Apt. #, etc. 22 4600 N.W. 7 St. City & State 23 Miami, Fl. Zip Country 24 33126 25 US		2a. Mailing Address 26 Miguel Salas Suite, Apt. #, etc. 27 4600 N.W. 7 St. City & State 28 Miami, Fl. Zip Country 29 33126 30 US		3. Date Incorporated or Qualified 12/17/1982 4. FEI Number 59-2443658 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent HERNANDEZ, IVAN E. 4600 NW 7 ST MIAMI FL 33126				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City, FL 85 Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREDA, ROBERTO			1.2 NAME	Salas, Miguel		
STREET ADDRESS	3503 SW 6TH ST			1.3 STREET ADDRESS	2050 N.W. 16 Terr # 109-E		
CITY-ST-ZIP	MIAMI FL 33135			1.4 CITY-ST-ZIP	Miami, Fl 33125		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CESAR, ELI			2.2 NAME	Viamontes, Georgelina Dra.		
STREET ADDRESS	670 NW 129 PL			2.3 STREET ADDRESS	851 N.W. 14 Ct.		
CITY-ST-ZIP	MIAMI FL 33182			2.4 CITY-ST-ZIP	Miami, Fl. 33125		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, IVAN			3.2 NAME	Pereira, Carlos Dr.		
STREET ADDRESS	10300 SW 24 ST			3.3 STREET ADDRESS	716 W 32 St.		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Hialeah, Fl. 33012		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALAS, MIGUEL			4.2 NAME	Hernandez, Ivan		
STREET ADDRESS	2050 NW 16 TERR NO 109 E			4.3 STREET ADDRESS	10300 S.W. 24 St. # D-31		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	Miami, Fl. 33165		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, RICARDO			5.2 NAME	Hernandez, Roger Dr.		
STREET ADDRESS	41 NW 59 CT			5.3 STREET ADDRESS	5249 N.W. 7 St. # 403		
CITY-ST-ZIP	MIAMI FL 33126			5.4 CITY-ST-ZIP	Miami, Fl. 33126		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, EDGAR			6.2 NAME	Gonzalez, Edgar Dr.		
STREET ADDRESS	2075 SW 122 AVE			6.3 STREET ADDRESS	2075 S.W. 122 Ave.		
CITY-ST-ZIP	MIAMI FL 33175			6.4 CITY-ST-ZIP	Miami, Fl. 33175		

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:** Miguel Salas **SIGNATURE REQUIRED** Miguel Salas, President, 04-28-1,999- 305-441-9085  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)