FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:07

DOCUMENT # F48144 (2)

1. Corporation Name
AFRO-CUBAN LUCUMI ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1211 MARCEILLE DRIVE SUITE #4 MIAMI BEACH FL 33141 US	P.O BOX 1158 MIAMI FL 33142

3. Date Incorporated or Qualified: 09/14/1981
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21: 836 NE 82 ST MIAMI, FL — Suite, Apt. #, etc. — 22: — City & State — 23: MIA, FL — Zip — 24: 33138 — Country — 25: US

2a. Mailing Address — 26: PO BOX 1158 MIA, FL. 33142 — Suite, Apt. #, etc. — 27: — City & State — 28: — Zip — 29: — Country — 30:

4. FEI Number: 59-2125638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAMORA, RIGOBERTO
1211 MARECERLLE DRIVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: RIGOBERTO ZAMORA
82 Street Address (P.O. Box Number is Not Acceptable): 836 NE. 82 ST
83:
84 City: MIAMI, FL 85 Zip Code: 33138

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mail-dating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ZAMORA, RIGOBERTO	1.2 NAME	
STREET ADDRESS	1211 MARCEILLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33142	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	FLORES, PEDRO	2.2 NAME	
STREET ADDRESS	1140 S.W. 3 ST., APT F	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	RIVERA, VIVIAN	3.2 NAME	
STREET ADDRESS	2536 VAN BUREN ST., APT 3A	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 01/11/95 (305)756-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(305) 7566721

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