FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90013 015 ***150.00

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DOCUMENT # M04902

1. Corporation Name
VA-CUBA, INC.

Principal Place of Business	Mailing Address
285 N.W. 27TH. AVENUE SUITE #18 MIAMI FL 33125	285 N.W. 27TH. AVENUE SUITE #18 MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business [21]	2a. Mailing Address [26]	**3. Date Incorporated or Qualifed** 09/07/1984	
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	**4. FEI Number** 59-2483750	Applied For / Not Applicable
City & State [23]	City & State [28]	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip [24] / Country [25]	Zip [29] / Country [30]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, ERNESTO A
285 N.W. 27 AVE.
SUITE 18
MIAMI FL

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

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 _____
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 PVP NAME GONZALEZ, ERNESTO A STREET ADDRESS 15150 SW 58 STREET CITY-ST-ZIP MIAMI FL	☐ DELETE	1.1 TITLE SD 1.2 NAME Mirian Carralero 1.3 STREET ADDRESS 41 West 32 Street 1.4 CITY-ST-ZIP Hialeah Florida 33012	☒ Change	☐ Addition
TITLE SD NAME CARNALERO, MIRIAN STREET ADDRESS 41 WEST 32 STREET CITY-ST-ZIP HIALEAH FL	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (11/98)

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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/99   (305) 649-3491
Date   Daytime Phone #