FILE NOW: FILING FEE AFYER MAY 1ST IS \$550.00

Block 12 or Block 13 if changed, or on an attachment with an agdress

FILED **PROFIT** May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M39163 (4) CUBANART CORP. Principal Place of Business Mailing Address 15892 N.W. 48TH AVENUE 15992 N.W. 48TH AVENUE MIAMI FL 33014 MIAMI FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1986 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2728825 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip 2m24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FINALE. SANTIAGO 19866 N.W. 64TH PLACE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 83 84 1. 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 earne of registered agest and the if applicable (NOTE Registered Agent signature required when reinstating) OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ■ Addition 1.1 TITLE TITLE FINALE, SANTIAGO NAME 1.2 NAME 19866 N.W. 64TH PLACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY- ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE FINALE, SANTIAGO JR. 2.2 NAME NAME 1420 S BAYSHORE DR #101 STREET ADDRESS 23 STREET ADDRESS MIAMI FL 2.4 CITY- ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FINALE, MARIA L NAME 19866 N.W. 64TH PLACE 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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

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