02 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004959

1. Entity Name

ENCUENTRO DE LA CULTURA CUBANA, INC.

AMENDED

DO NOT WRITE IN THIS SPACE

FILED

02 NOV 26 AMENDED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009220504
11/26/02--01030--005 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
414 Barbarossa Ave.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State
Zip: 33146 Country: U.S.A.	Zip Country

4. FEI Number: 65-1130838 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alfredo G. Duran

Street Address (P.O. Box Number is Not Acceptable): 2601 So. Bayshore Dr. Suite 1400

City: Miami **FL** Zip Code: 33146

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: [signature] ALFREDO G. DURAN 11.20.02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	Pres/Dir
NAME	Anna Isabel Rodriguez
STREET ADDRESS	Calle General Ramirez de Madrid, 22-3°C
CITY-ST-ZIP	28020 MADRID, SPAIN
TITLE	Secretary/Dir
NAME	Lino B. Fernandez
STREET ADDRESS	414 Barbarossa Ave.
CITY-ST-ZIP	Coral Gables, Florida 33146
TITLE	Vice Pres/Trea/Dir
NAME	Beatriz Bernal
STREET ADDRESS	Av. delValle, 13
CITY-ST-ZIP	MADRID 28003, SPAIN
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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ [signature] ANNA ISABEL RODRIGUEZ President/Dirctor 11/20/02 (305) 859-2696