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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N02755

1. Corporation Name

CUBAN THEATRE FOLKLORE HERITAGE, INC.

Principal Place of Business

250 W. 25TH STREET
MIAMI FL 33010

Mailing Address

250 W. 25TH STREET
MIAMI FL 33010



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/26/1984

4. FEI Number

59-2486581

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

9. Name and Address of Current Registered Agent

PINEIRO, ALBERTO J.
250 WEST 25TH STREET
MIAMI FL 33010

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCMD DELETE

NAME PINEIRO, ALBERTO J.
STREET ADDRESS 250 WEST 25TH STREET
CITY-ST-ZIP HIALEAH FL

TITLE VD DELETE

NAME PEREZ, EUGENIO
STREET ADDRESS 1077 NW 47TH AVE
CITY-ST-ZIP MIAMI FL

TITLE TD DELETE

NAME CABRERA, MIRSA M.
STREET ADDRESS 250 WEST 25TH STREET
CITY-ST-ZIP HIALEAH FL

TITLE S DELETE

NAME ORCHILES, MARIA ELENA
STREET ADDRESS 7961 NW 175TH ST
CITY-ST-ZIP HIALEAH FL

TITLE V DELETE

NAME FUENTE, TONY D.
STREET ADDRESS 1605 PENNSYLVANIA APT 401
CITY-ST-ZIP MIAMI BCH FL

TITLE V DELETE

NAME BACH, MANUEL
STREET ADDRESS 2235 SW 2ND TERR
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)