

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/9/2004-90003-024-\$61.25-\$61.25

FILED


04 DEC 15 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N03000011089

1. Entity Name
ASSOCIATION FOR THE THIRD CUBAN REPUBLIC, INC.



Principal Place of Business
1381 NORMANDY DR
MIAMI BEACH, FL 33141

Mailing Address
1381 NORMANDY DR
MIAMI BEACH, FL 33141

2. Principal Place of Business
1139 CAMPO SAND AVE

3. Mailing Address
1139 CAMPO SAND AVE

Suite, Apt. #, etc.

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip
33146

Country

09012004 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0557833

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~HERNANDEZ, ELIDA Y
1381 NORMANDY DR
MIAMI BEACH, FL 33141~~

7. Name and Address of New Registered Agent

Name
Dr. RAUL E. CHAO

Street Address (P.O. Box Number is Not Acceptable)
1139 CAMPO SAND AVE

City
CORAL GABLES 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Raul Chao* **aug 30 10 4**

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

Filing Fee is \$61.25 Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAVARRETE, WILLIAM	
STREET ADDRESS	54, RUE LAMARTINE	
CITY-ST-ZIP	PARIS, 75009	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAO, RAUL E	
STREET ADDRESS	4107 UNVIERSITY DR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAO, OLGA N	
STREET ADDRESS	4107 UNVIERSITY DR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, ELIDA Y	
STREET ADDRESS	1381 NORMANDY DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100043673541	
CITY-ST-ZIP	12/28/04--01035--016 **183.75	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAO, RAUL E.	
STREET ADDRESS	1139 CAMPO SAND AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAO, OLGA N.	
STREET ADDRESS	1139 CAMPO SAND AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

[Handwritten signature]

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 Block 11 if changed, or on an attachment with an address, with another line empowered.

SIGNATURE: *Raul Chao* **8/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DATE DAYTIME PHONE #