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2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N07235 1. Entity Name EDITORIAL CUBANA, INC.					FILED May 15, 2001 8:00 am Secretary of State		
					05-15-2001 90043 037 *		
Principal Place	of Business	Mailing Address					
500 SW 127 AVE.		500 SW 127 AVE.					
MIAMI FL 3318	34	MIAMI FL 33184			e e e e e e e e e e e e e e e e e e e		
2. Principal Pl	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	· .	City & State		4. FEI Number	59-2603589		plied For
Zip	Country	Zip	Country	5 Certificate of	of Status Desired	8.75 Add	
	6. Name and Address of Current	Registered Agent			Address of New Registered A	ee Required	
	o. Name and Address of Current	negistered Agent	Name	7. Name and	Address of New Registered A	geni	
RASCO, C	IOSE IGNACIO 127 AVE.		Street Addre	ess (P.O. Box Numbe	r is Not Acceptable)		
MIAM! FL	33184		City		FL	Zip Code	9
8. The above	named entity submits this statement for	or the purpose of changing its r	registered office or reg	nistered agent, or both	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signature re	equired when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25	Election Campaign Trust Fund Contribu	Financing 4				
10.	OFFICE OF AND DE	Trast Faria Contribe		\$5.00 May Be Added to Fees	Make Check F Department		
TITLE	OFFICERS AND DI			Added to Fees		of State	
111115	DP		TITLE	Added to Fees	Department	of State	10
NAME STREET ADDRESS CITY-ST-ZIP	DP Botifoll, Luis J. 500 S.W. 127 Avenue	RECTORS	TITLE NAME STREET ADDRESS	Added to Fees	Department	of State	10
STREET ADDRESS	DP BOTIFOLL, LUIS J.	RECTORS	11. TITLE NAME	Added to Fees	Department	of State	10
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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 all other like empowered.

04/27/01