## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 21, 2002 8:00 am Secretary of State **DOCUMENT # N07235** 1/2 1. Entity Name EDITORIAL CUBANA, INC. 05-21-2002 91119 031 \*\*\*\*70.00 Principal Place of Business Mailing Address 500 SW 127 AVE. 500 SW 127 AVE. MIAMI FL 33184 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2603589 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RASCO, JOSE IGNACIO 500 SW 127 AVE. **MIAMI FL 33184** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (0/6) TITLE □ Delete TITLE Change Addition BOTIFOLL, LUIS J. RAMOS, MARCOS ANTONIO NAME NAME STREET ADDRESS 500 S.W. 127 AVENUE STREET ADDRESS 500 S.W. 127 AVENUE CITY-ST-ZIP MIAMI FL CITY-ST-ZIP MIAMI, FL 33184-1319 TITLE ☐ Delete TITLE Change ☐ Addition RASCO, JOSE IGNACIO RASCO, JOSE IGNACIO NAME NAME STREET ADDRESS 500 S.W. 127 AVENUE STREET ADDRESS 500 S.W. 127 AVENUE CITY-ST-ZIP MIAMI FL CITY-ST-ZIE MIAMI, FL 33184-1319 TITLE Delete TITLE □ Change Addition JORGE, GUILLERMO POWELL-COSIO, SOFIA -NAME NAME STREET ADDRESS 500 S.W. 127 AVENUE STREET ADDRESS 500 S.W. 127 AVENUE CITY-ST-ZIP MIAMI FL CITY-ST-ZIP MIAMI, FL 33184-1319 DVP TITLE ☐ Delete TITLE ☐ Addition MARCELINO, GARCIA S.J. NAME GARCIA S.J., MARCELINO NAME 500 S.W. 127TH AVE. STREET ADDRESS STREET ADDRESS 500 S.W. 127 AVENUE CITY-ST-ZIP MIAMI FL CITY-ST-ZIP MIAMI, FL 33184-1319 DVP ☐ Delete TITLE □ Addition ALEJANDRE, ARMANDO A, 500 S.W. 127 AVENUE ALEJANDRE. A. ARMANDO NAME NAME 500 S.W. 127TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP MIAMI, FL 33184-1319 TITLE ☐ Delete Addition ☐ Change ABELLA, ANTONIO NAME GARRIDO, JOSE A. NAME

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 fustee 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 all address, with all other like empowered.

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

500 S.W. 127TH AVE.

MIAM! FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 - 15 - 02

Date

500 S.W. 127 AVENUE

MIAMI, FL 33184-1319

(305) 541-2056

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Principal Place of Business Mailing Address				<del></del>	<del>-  </del> .			
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Principal F	Naco of Business	2 14:5-14						
2. Principal Pface of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
		Suite, Apt. #, etc.						
		City & State	City & State		4. FEI Number	4. FEI Number 59-2603589 Applied For Not Applied		
Zip	Country	Zip	Cou	ıntry	5. Certificate of 8	tatus Desired	\$8.75 Ad	Iditional
	6. Name and Address of Cu	rrent Registered Agent		Nama	7. Name and Ad	dress of New Re		
DASCO I	OSE IGNACIO		Street Address City		ess (P.O. Box Number is	Not Accentable	·	
500 SW 1	27 AVE.	•			Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL	33184						FL Zip Coo	le .
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SNATURE	named entity submits this statem	d agent and title if applicable. (	(NOTE: Flagistered	d Agent signature re	istered agent, or both in quired when reinstating)	the state of Flor	DATE	
GNATURE.	Signature, typed or printed name of registerer	d agent and title if applicable. (		d Agent signature re		Mai De	CATE Check Payable Spartment of State	9
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SIGNATURE: \_

04-15-02

(305) 541-2056