

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90141 049 ****70.00

DOCUMENT # N22383

1. Entity Name

ERNESTO LECUONA FOUNDATION, INC.



Principal Place of Business

234 ANTIQUERA AVENUE
#12
CORAL GABLES FL 33134

Mailing Address

234 ANTIQUERA AVENUE
#12
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2849337

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHABEBE, JORGE B
234 ANTIQUERA AVENUE
#12
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 PD ☐ Delete
NAME CHABEBE, JORGE B
STREET ADDRESS 234 ANTIQUERA AVE
CITY - ST - ZIP CORAL GABLES FL

TITLE SD ☐ Delete
NAME HAYDEE, ALFARO
STREET ADDRESS 2741 SW 25TH TERRACE
CITY - ST - ZIP MIAMI FL

TITLE TD ☐ Delete
NAME QUINTANA, GLADYS
STREET ADDRESS 231 NW 9TH ST #3
CITY - ST - ZIP MIAMI FL

TITLE VP ☐ Delete
NAME VALDES, ARMANDO S
STREET ADDRESS 7821 16 ST N
CITY - ST - ZIP TAMPA FL

TITLE VP ☐ Delete
NAME VALDES, ARMANDO P JR.
STREET ADDRESS 1821 15 ST N
CITY - ST - ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: *Jorge B. Chabebe*

01/30/06 305/448-1838