

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32461 (8)

1. Corporation Name

RESPETABLE LOGIA SIMBOLICA HIJOS DE CUBA NO. 24 INC.

Principal Place of Business

Mailing Address

521 NW 12TH AVE.
MIAMI FL 33136
US

521 NW 12TH AVE.
MIAMI FL 33136
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1989		3a. Date of Last Report 05/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0183523		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOTO, VINCENTE E
6531 HARBOR RD.
N. LAUDERDALE FL 33068**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMEZ, AGUEDO	1.2 NAME	Ruben Cabrera
STREET ADDRESS	420 N.E. 58TH COURT	1.3 STREET ADDRESS	998 sout State Rd 7
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	1.4 CITY - ST - ZIP	Margate FL 33068
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, ELOY M	2.2 NAME	
STREET ADDRESS	6502 SW 18TH CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANO, CARLOS	3.2 NAME	
STREET ADDRESS	5264 N.E. 4TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33068	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, VINCETE E	4.2 NAME	
STREET ADDRESS	6531 HARBOUR RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. LAUDERDALE FL 33068	4.4 CITY - ST - ZIP	
TITLE	PT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARO, LANGSTON G	5.2 NAME	
STREET ADDRESS	3770 NE 16TH TERRACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33064	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANZA, EFRAN	6.2 NAME	
STREET ADDRESS	10491 NW 6ND CR	6.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33324	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Vicente E Soto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-1996 954-969-1502

Date

Daytime Phone #

CR2E037 (12/95)