

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montemayor
Secretary of State
CORPORATE INFORMATION

APPROVED
AND
FILED

DOCUMENT # N40183 (8)

JOVENES CUBANOS LIBRES, CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
7105 SOUTHWEST 8TH STREET SUITE 207 MIAMI FL 33134 US		7105 SOUTHWEST 8TH STREET SUITE 207 MIAMI FL 33134 US	
2. Principal Place of Business	2a. Mailing Address		
21	26	PO. Box 110235	
22	27		
23	28	MIAMI, FLORIDA	
24	29	30	U.S.

DO NOT WRITE IN THIS SPACE	
3. Date incorporated or Qualified 09/17/1990	3a. Date of Last Report 08/08/1994
4. FEI Number 65-0116445	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NAVARRO, CALIXTO 7105 SOUTHWEST 8TH STREET SUITE 207 MIAMI FL 33144		81 Name NAVARRO, CALIXTO	
		82 Street Address (P.O. Box Number is Not Acceptable) 8125 SW 26TH STREET	
		83	
		84 City MIAMI, FL. 33155 FL	
		85 Zip Code 33155	

11. Pursuant to the provisions of Sections 607.0802 and 607.1508, 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 provisions of Section 607.0805, Florida Statutes.

SIGNATURE: *Calixto A. Navarro* 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PD	1. NAME GUTIERREZ, ORLANDO	1. TITLE PD	1. NAME GUTIERREZ, ORLANDO
2. STREET ADDRESS 7105 SOUTHWEST 8TH STREET, SUITE 207	2. STREET ADDRESS 8125 SW 26TH STREET	2. STREET ADDRESS 8125 SW 26TH STREET	2. STREET ADDRESS 8125 SW 26TH STREET
3. CITY, ST, ZIP MIAMI FL	3. CITY, ST, ZIP MIAMI, FLORIDA 33155	3. CITY, ST, ZIP MIAMI, FLORIDA 33155	3. CITY, ST, ZIP MIAMI, FLORIDA 33155
4. TITLE VD	4. NAME NAVARRO, CALIXTO	4. TITLE VD	4. NAME NAVARRO, CALIXTO
5. STREET ADDRESS 40363 SW 12 ST	5. STREET ADDRESS 130 3RD ST. - APT 202	5. STREET ADDRESS 130 3RD ST. - APT 202	5. STREET ADDRESS 130 3RD ST. - APT 202
6. CITY, ST, ZIP MIAMI FL	6. CITY, ST, ZIP MIAMI BEACH, FLORIDA 33139	6. CITY, ST, ZIP MIAMI BEACH, FLORIDA 33139	6. CITY, ST, ZIP MIAMI BEACH, FLORIDA 33139
7. TITLE SD	7. NAME OLIVA, MERCEDES	7. TITLE SD	7. NAME FERNANDEZ DE CASTRO, JUAN J.
8. STREET ADDRESS 3620 S.W. 22 TERR.	8. STREET ADDRESS 8911 SW 123 CT. APT 205	8. STREET ADDRESS 8911 SW 123 CT. APT 205	8. STREET ADDRESS 8911 SW 123 CT. APT 205
9. CITY, ST, ZIP MIAMI FL	9. CITY, ST, ZIP MIAMI, FL. 33186	9. CITY, ST, ZIP MIAMI, FL. 33186	9. CITY, ST, ZIP MIAMI, FL. 33186
10. TITLE	10. NAME	10. TITLE	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP
13. TITLE	13. NAME	13. TITLE	13. NAME
14. STREET ADDRESS	14. STREET ADDRESS	14. STREET ADDRESS	14. STREET ADDRESS
15. CITY, ST, ZIP	15. CITY, ST, ZIP	15. CITY, ST, ZIP	15. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of changes or on an attachment with an address.

SIGNATURE: *[Signature]* 4/25/95 305-264-2917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR