

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 # **N40596**

(1)

1. Corporation Name

CONCIENCIA CUBANA INTERNACIONAL, INC.



Principal Place of Business

**254 SEAVIEW DR.
KEY BISCAYNE FL 33149**

Mailing Address

**254 SEAVIEW DR.
KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified

10/22/1990

3a. Date of Last Report

10/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

3610 S.W. 5th

4. FEI Number

65-0228924

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

33135

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUAREZ, ANGEL C
3610 S.W. 5 ST.
MIAMI FL 33135**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P FERNANDEZ, EMELY**
STREET ADDRESS **254 SEAVIEW DR**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

1.1 TITLE ☐ Change ☒ Addition
12 NAME **TREASURER**
13 STREET ADDRESS **FERNANDEZ, SILVIA T**
14 CITY-ST-ZIP **2721 SW 29 AVE**
MIAMI FL 33133

TITLE ☐ DELETE
NAME **T DE LA TORRIENTE, M. CASTILLO**
STREET ADDRESS **4670 S W 13 ST**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V CARDENAS, CRISTINA**
STREET ADDRESS **1901 BRICKELL AVE. B413**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D RUANO, CRISTINA**
STREET ADDRESS **1627 BRICKELL AVE 2502**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BATISTA, CAMPILLI**
STREET ADDRESS **SERRANO 145, PISO 3 A 4**
CITY-ST-ZIP **MADRID, 28041, SPAIN**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TREASURER**
STREET ADDRESS **FERNANDEZ, SILVIA T. ADD**
CITY-ST-ZIP **2721 S.W. 29**
MIAMI FL 33133

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: ✓

Silvia T Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

Date

(305) 445-0947

Daytime Phone #

CR2E037 (12/95)