

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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 BISCAIYNE FL 33149**

Mailing Address

**3610 S.W. 5 ST  
MIAMI FL 33135-2512  
US**3. Date Incorporated or Qualified  
**10/22/1990**3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0228924**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution**\$5.00** May Be  
Added to Fees8. 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

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, EMELY</b>	
STREET ADDRESS	<b>254 SEAVIEW DR</b>	
CITY - ST - ZIP	<b>KEY BISCAIYNE FL 33149</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LA TORRIENTE, M. CASTILLO</b>	
STREET ADDRESS	<b>4670 S W 13 ST</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CARDENAS, CRISTINA</b>	
STREET ADDRESS	<b>1901 BRICKELL AVE. B413</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUANO, CRISTINA</b>	
STREET ADDRESS	<b>1627 BRICKELL AVE 2502</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BATISTA, CAMPILLI</b>	
STREET ADDRESS	<b>SERRANO 145, PISO 3 A 4</b>	
CITY - ST - ZIP	<b>MADRID, 28041, SPAIN</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, SILVIAT</b>	
STREET ADDRESS	<b>2721 SW 29 AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 DIRECTOR1/26/97 (305) 445-0947  
Date Daytime Phone #

0028033

CR2E037 (9/96)