


**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90068 009 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N41280

1. Corporation Name  
 CUBAN PILOTS ASSOCIATION, INC.

281283-90071-3

Principal Place of Business: 11253 NW 59 TERRACE, MIAMI FL 33178, US

Mailing Address: C/O AMADO CANTILLO, PO BOX 1118, MIAMI FL 33135



21	2. Principal Place of Business 11253 N.W. 59 TERRACE	2a. Mailing Address P.O. Box 720328	3. Date incorporated or Qualified 12/17/1990
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0252859
23	City & State MIAMI, FL	27. City & State MIAMI, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33178	29. Zip 33172	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country USA	30. Country USA	

9. Name and Address of Current Registered Agent CANTILLO, AMADO 7150 SW 12 STREET MIAMI FL 33144		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			
		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CANTILLO, AMADO	1.1 TITLE	DP AMADO CANTILLO
STREET ADDRESS	7150 SW 12 STREET	1.2 NAME	AMADO CANTILLO
CITY-ST-ZIP	MIAMI FL 33144	1.3 STREET ADDRESS	11253 N.W. 59 TERRACE
		1.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	DT ARDOIS, LUIS F	2.1 TITLE	DT LUIS F. ARDOIS
STREET ADDRESS	10304 NW 9 ST CIR 102	2.2 NAME	LUIS F. ARDOIS
CITY-ST-ZIP	MIAMI FL 33172	2.3 STREET ADDRESS	10304 N.W. 9th Circle #102
		2.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DV SIMKOVITZ, LEONARDO	3.1 TITLE	DV SIMKOVITZ, LEONARDO
STREET ADDRESS	8885 SW 78 COURT	3.2 NAME	LEONARDO SIMKOVITZ
CITY-ST-ZIP	MIAMI FL 33156	3.3 STREET ADDRESS	8885 S.W. 78 COURT
		3.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DV GONZALEZ-BARRERAS, JORGE	4.1 TITLE	DV FRED FLAQUER
STREET ADDRESS	8371 SW 47 ST.	4.2 NAME	FRED FLAQUER
CITY-ST-ZIP	MIAMI FL	4.3 STREET ADDRESS	14592 S.W. 129 ST.
		4.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DS ALVAREZ, JOSE A JR	5.1 TITLE	DS EDUARDO BAREA
STREET ADDRESS	10200 SW 98TH TERRACE	5.2 NAME	EDUARDO BAREA
CITY-ST-ZIP	MIAMI FL	5.3 STREET ADDRESS	10304 N.W. 9th Circle #102
		5.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DV BLAZQUEZ, ANTONIO S	6.1 TITLE	DV BLAZQUEZ, ANTONIO S.
STREET ADDRESS	2525 W 4TH AVE	6.2 NAME	ANTONIO S. BLAZQUEZ
CITY-ST-ZIP	HIALEAH FL 33010	6.3 STREET ADDRESS	2525 W 4th AVE
		6.4 CITY-ST-ZIP	HIALEAH, FL 33010

14. I 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, with all other like empowered.

SIGNATURE: SICANTILLO REQUIRED 2-26-99 305-718-8126  
 \_\_\_\_\_  
 Cantillo 3-26-99 305-718-8126

CR2E037 (11/98)