

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 # **N42261** (0)

1. Corporation Name

CUMBRE PATRIOTICA CUBANA CORP.



Principal Place of Business

**1140 SW 13TH AVENUE
MIAMI FL 33135
US**

Mailing Address

**1140 SW 13TH AVENUE
ATTN: CUMBRE PATRIOTICA CUBANA
MIAMI FL 33135
US**

3. Date Incorporated or Qualified
02/25/1991

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0285654

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**RODRIGUES, LUIS
3720 NW 2 TERRACE
MIAMI FL 33126**

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 **PSD** ☐ DELETE
NAME **RODRIGUEZ, LUIS**
STREET ADDRESS **3720 NW 2 TERRACE**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VDT** ☐ DELETE
NAME **LINARES, JOSE PEREZ**
STREET ADDRESS **1361 SW 124 CT.**
CITY-ST-ZIP **MIAMI FL 33184**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VDT** ☐ DELETE
NAME **LUISA GARCIA-TOLEDO**
STREET ADDRESS **8130 S.W. 134TH PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **VDT**
3.3 STREET ADDRESS **MARTINEZ-PAZ, ORLANDO**
3.4 CITY-ST-ZIP **3166 N.W. 19 ST.**

TITLE **TD** ☒ DELETE
NAME **VICTORERO, JOSE**
STREET ADDRESS **2200 NW 42 AVENUE**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TD**
4.3 STREET ADDRESS **ALBERTO MORALES ***
4.4 CITY-ST-ZIP **12790 S.W. 16 ST.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **SEC**
5.3 STREET ADDRESS **FERNANDEZ-QUIRCH, GUILLERMO**
5.4 CITY-ST-ZIP **5931 S.W. 50 ST.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **MIAMI FL 33155**
6.3 STREET ADDRESS *** MORALES, ALBERTO**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-96

639-9909

Date

Daytime Phone #

CR2E037 (12/95)