

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 # N 43968

1. Corporation Name

Fundación de Raíces Cubanas, Inc.  
(Black Cuban Foundation, Inc.)

Principal Place of Business

Mailing Address

900 S.W. 1st 202 A  
Miami, FL 33130

3. Date Incorporated or Qualified

6/91

3a. Date of Last Report

4/25/95

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

4. FEI Number

65-0269630

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lucia Rojas  
18105 N.W. 5 Ct  
Miami, FL 33169

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

Lucia Rojas

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Lucia Rojas  
STREET ADDRESS 18105 N.W. 5 Ct  
CITY-ST-ZIP Miami, FL 33169 President

TITLE ☐ DELETE

NAME Oscar Martinez Danner  
STREET ADDRESS 2347 N.E. 7 Ave  
CITY-ST-ZIP Miami, FL 33137 Vice Pres.

TITLE ☐ DELETE

NAME Ladislao Moraleza  
STREET ADDRESS 2950 N.W. 88 St  
CITY-ST-ZIP Miami, FL 33147 Secretary

TITLE ☐ DELETE

NAME Lilia P. Haggis  
STREET ADDRESS 15630 S.W. 109 Ave.  
CITY-ST-ZIP Miami, FL 33157 Director

TITLE ☐ DELETE

NAME Juan A. Woods  
STREET ADDRESS 1319 S. Van Ness  
CITY-ST-ZIP Los Angeles, California 90019 Director

TITLE ☐ DELETE

NAME Pedro Facundo Pomar  
STREET ADDRESS 2340 N.E. 5 Ave.  
CITY-ST-ZIP Miami, FL 33136 Director

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

NAME DRegla Fernandez  
STREET ADDRESS 3025 N.W. 28 St  
CITY-ST-ZIP Miami, FL 33142

21 TITLE ☐ Change ☐ Addition

NAME DFelipe Gonzalez  
STREET ADDRESS 18871 N.W. 89 Pl.  
CITY-ST-ZIP Hialeah, FL 33016

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Lucia Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (305) 666-6511 x3671

Date Daytime Phone #

CR2E037 (12/95)