Suite. Apt. #. etc. Suite. Apt. #. etc. City & State City & State Country Refer Address of Current Registered Agent City & State City & State City & State City & State City & State Country Refer Address of Current Registered Agent City & State City & State Cit	FILE NOW: FILING FEE IS \$61.25*       **         NONPROFIT       FLORIDA DEPARTMENT OF STATE         CORPORATION       Sandra B. Mortham         ANNUAL REPORT       Secretary of State							
Fundación de Raices Cubanes, Inc. (Black Cuba. Foundatticu, Inc.)         Image Pace of Bones         Main Addess of Bones         Miami, Fl. 33130         State Address of Bones         State Address of Bones         Builde Address of Bones         State Address of County         State Address of Count	1996 Division of corporations							
Maing Address	Fundación de Raices (Black Cuber Foundation		Ac.					
Principal Pace of Business         21. Maining Address         4. FE Number         1. Mark Appender for           Soler, Act, 4. dc         Soler, 4.	nincipal Place of Business 900 S.W. 1 St 202 P	Mailing Address						
Suite Apt: 4 ecc         Test         G5-0269630         Inst particular           Suite Apt: 4 ecc         20         Soite, Apt: 4, ecc.         Soite, Apt: 4, ecc.<	•					6 91	3a. D 4	25/95
20     20     30     5. Control of Statuto Desired     W     Fee Required       20     20     20     5. Control of Statuto     S. Solo May Be       20     20     20     5. Control of Statuto     Made to Fees       20     20     30     Fee Required     Made to Fees       20     20     30     Fee Control of Statuto     Made to Fees       21     20     30     Fee Required     Made to Fees       20     20     30     Fee Required     Made to Fees       21     20     30     Fee Required     Made to Fees       21     21     20     10. Name and Address of Netrober Registered Agent     Made to Fees       21     21     10     Street Address (P.O. Box Numbert Ion No Acceptable)     Made to Fees       21     10     Fees Required     Street Address (P.O. Box Numbert Ion No Acceptable)     Made to Fees       21     10     Fees Required     Street Address (P.O. Box Numbert Ion No Acceptable)     Made to Fees       22     0     Control of Statuto     Street Address (P.O. Box Numbert Ion No Acceptable)     Made to Fees       23     10     Control of Statuto     Street Address (P.O. Box Numbert Ion No Acceptable)     Made to Fees       24     Control of Statuto     Street Address (P.O. Box	n							Not Applicable
ZP       County       ZP       County       True Fund Configurion       Mediad to Fees         ZP       ZP       County       R       The corporation has tability to manyable tax unargable tax unargab	<u> </u>	27					X	
26       20       Fordad Statutes       10 Name and Address of New Registered Agent         Lucia       Rojas       10 Name and Address of New Registered Agent       10 Name and Address of New Registered Agent         Lucia       Rojas       11 Name       10 Name and Address of New Registered Agent         J 9105       N.W. 5 Ct       10 Name       10 Name and Address of New Registered Agent         Hiami, Tl. 33169       12 Street Address (P.O. Box Number Is Not Acceptable)       10 Name         I. Pursuent to the provisors of Sectors 617 0002 and 617 1508. Fordes Statutes, the above name comparison submits this statement for the purpose of changing His registered Agent       11 Name         I. Pursuent to the provisors of Sectors 617 0002 and 410 rds Statutes, the above name comparison submits this statement for the purpose of the corporation submits this statement for the purpose of the corporation submits this statement for the purpose of the corporation submits this statement for the purpose of the corporation submits this statement for the purpose of the corporation submits this statement for the purpose of the corporation submits this statement for the purpose of the corporation submits this statement for the purpose of the corporation submits this statement for the purpose of the corporation submits the statement for the purpose of the corporation submits the statement for the purpose of the corporation submits the statement for the purpose of the corporation submits the statement for the purpose of the corporation submits the statement for the purpose of the corporation submits the statement for the purpose of the corporation submits the statement for the purpose of the corporating the	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution	-	Added to Fees
Lucia       Rojas       61       Name         19105       N.W. 5 ct       82       Street Address (P.O. Box Number is Not Acceptable)         1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Fiorida Statutes.       83         1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Fiorida Statutes.       84       Ctly       FL       85       Zip Code         1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Fiorida Statutes.       83       41       Ref. 200000       Ref. 2000000       Ref. 2000000<	25	29		untry		Florida Statutes	] Yes	No
Miami, F1. 33169		ni negistered Agent						Agent
Miami, F1. 33169	18105 N.W. 5 CT				eet Addre	ss (P.O. Box Number is Not Acceptab	e)	
Pursuant to the provisions of Sections 617,0502 and 617,1508. Fiorida Statutes, the above named corporation submits this statement for the purpose of changing lis registered officients. Statement for the purpose of changing lis registered agent can take the above named corporation's board of directors. I hereby accept the appointment as registered gent can take the above named corporation's board of directors. I hereby accept the appointment as registered gent can take the above named corporation's board of directors. I hereby accept the appointment as registered gent can take the above named corporation's board of directors. I hereby accept the appointment as registered gent can take the above named corporation's board of directors. I hereby accept the appointment as registered gent can take the above the directors. I hereby accept the appointment as registered gent can be appointed as statutes. In the corporation's board of directors. I hereby accept the appoint the take the above the directors. I hereby accept the appoint the take the above the directors. I hereby accept the appoint the take the directors. I hereby accept the appoint the take the directors. I hereby accept the appoint the take the directors. I hereby accept the appoint the take the directors. I hereby accept the appoint the take the directors. I hereby accept the appoint the take the directors. I hereby accept the appoint the take the directors. I hereby accept the appoint the take the directors. I hereby accept the appoint the take the directors. I hereby accept the appoint the directors. I hereby accept the directors.I hereby accept the directors. I hereby accept the directors. I her	Miami, Fl. 33169				,			85 Zip Code
agent. Lan family with, and accept the poligidions of. Section 617 503. Florida Statutes.  GNATURE  GN	<ul> <li>office or registered agent, or both, in the State</li> </ul>	te of Florida. Such change w	as authorize	d by the	ned corpo	ration submits this statement for the p n's board of directors. I hereby accep	urpose c	f changing its registered pointment as registered
2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 III LUCia Rojas 18105 N.W. 5 ct President 18105 N.W. 5 ct President 1910 Stret ADDRSS 1805 N.W. 5 ct President 1910 Stret ADDRSS 1905 N.W. 28 st 1907 N.E. 7 Ave 23 47 N.E. 7 Ave 23 50 Fl. 33 137 Vice Pres. 24 CITY-SI-20 11 THE 21 THE 22 NAME 23 STRET ADDRSS 24 CITY-SI-20 11 THE 21 THE	agent. I am familiar with, and accept the oblig	gations of, Section 617.0503	3, Florida Sta	tutes.		4		,
Ret ADDRESS Ret A	2. OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
Let UDRESS A 47 N.E. 7 Are presented and the provided of the control of the contr	ME Lucia Rojas REELADDRESS 18105 N.W. 5 CT	President	121	ame Treet addr		Regla Fernandez 3025 N.W. 28 ST Nismi Fl. 32142		
Let ADDRESS 2950 N.W. 88 St Secretary 33 STRET ADDRESS AEET ADDRESS 2950 N.W. 88 St Secretary 33 STRET ADDRESS ALCIV-SI-2P Hiami, Fl. 33147 Change Addition ME Addition ME Addition ALCIV-SI-2P ALC	LE Oscar Martiner REET ADDRESS 2347 N.E.7	e Dannery Ave 1 0	211 221 235	ITLE IAME TREET ADDR	C DF	elipe gonzaller 8871 N.W. 89 Pl	5	Change Addition
Item	Le Ladislau Mor REELADDRESS, 2950 N.W. 85	aleza 8 St Secret	311	ITLE IAME		-		Change Addition
Y-ST-ZIP       Itam, Fit 33707       Itam, F	LE Lilia P. Hagges REET ADDRESS 15630 S.W. 10	G Ave.	411 4.2	ITLE NAME				Change Addition
Y-SI-ZIP       Los Angeles, California 90019       54 CIIY-SI-ZIP       ###?D.DD         LE       Pedro Facundo Romor       DELETE       61 TINLE         ME       23 40 ViE·5 Ave       Director       63 STREET ADDRESS         Y-SI-ZIP       Alia mi, F1. 33136       Director       64 CIIY-SI-ZIP         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 i made under oath; that L 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 the same legal effect as i made under oath; that L 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 the same legal effect as i made under oath; that L 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 the same legal effect as i made under oath; that L 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 the same legal effect as i made under oath; that L am and the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and the same legal effect as i made under oath; that L am and the oath; the information indicated on this annual report or supplied with the information and the	" A Wood		5.11 5.21	itle Iame : I	22	30000180	995	343
ME REEL ADDRESS IY-ST-ZIP I. 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 in 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; ar	REELADORESS 1319 5 - Von 1	California 900	540	ITY - ST - ZIP			10(	
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 i 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; ar	Y-ST-ZIP Los Angeles, C	> '   DELETE						2Ver
IGNATURE: Rojs 4/15/96 (305)666-6511 × 367	Y-ST-ZIP Los Angeles, C LE Podro Facundo Re RECI ADDRESS 2340 N.E. 5 Au Y-ST-ZIP Niami, Fl. 3313	16. Director	6.3 ( 6.4 (	TREET ADDR				16.