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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N43968 (9)
1. Corporation Name
FUNDACION DE RAICES CUBANAS, INCORPORATED

Principal Place of Business

Mailing Address

900 S.W. 1ST
SUITE 202A
MIAMI FL 33130
US900 S.W. 1ST
SUITE 202A
MIAMI FL 33130
US3. Date Incorporated or Qualified
06/19/19913a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROJAS, LUCIA
18105 N.W. 5 COURT
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROJAS, LUCIA	
STREET ADDRESS	18105 N.W. 5 CT.	
CITY - ST - ZIP	MIAMI, FL FL 33169	

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

TITLE	V	<input type="checkbox"/> DELETE
NAME	DANNERY, OSCAR MARTINEZ	
STREET ADDRESS	2347 N.E. 7 AVE.	
CITY - ST - ZIP	MIAMI FL 33137	

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

TITLE	S	<input type="checkbox"/> DELETE
NAME	MORALEZA, LADISLAO	
STREET ADDRESS	2950 NW 88 ST.	
CITY - ST - ZIP	MIAMI FL 33147	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, FELIPE	
STREET ADDRESS	18871 NW 89 PLACE	
CITY - ST - ZIP	HIALEAH FL 33015	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOGGES, LILIA P.	
STREET ADDRESS	15630 S.W. 109 AVE.	
CITY - ST - ZIP	MIAMI FL 33157	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	POMAR, PEDRO F	
STREET ADDRESS	2340 N.E. 5 AVE.	
CITY - ST - ZIP	MIAMI FL 33136	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

(305) 666-6511 X3671

PR2E037 (9/96)