

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43968** (9)

FUNDACION DE RAICES CUBANAS, INCORPORATED



Principal Place of Business <b>900 S.W. 1ST SUITE 202A MIAMI FL 33130 US</b>	Mailing Address <b>900 S.W. 1ST SUITE 202A MIAMI FL 33130 US</b>
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2. Principal Place of Business <b>21 900 S.W. 1st 202A</b>	2a. Mailing Address <b>26 900 S.W. 1st 202A</b>
Suite, Apt. #, etc. <b>22 Miami FL</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28 Miami, FL</b>
Zip <b>24 33130</b>	Country <b>25 U.S.</b>
Zip <b>29 33130</b>	Country <b>30 U.S.</b>

3. Date Incorporated or Qualified <b>06/19/1991</b>
4. FEI Number <b>65-0269630</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ROJAS, LUCIA 18105 N.W. 5 COURT MIAMI FL 33169</b>
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10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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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	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P ROJAS, LUCIA</b>
STREET ADDRESS	<b>18105 N.W. 5 CT.</b>
CITY-ST-ZIP	<b>MIAMI, FL FL 33169</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V DANNERY, OSCAR MARTINEZ</b>
STREET ADDRESS	<b>2347 N.E. 7 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33137</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S MORALEZA, LADISLAO</b>
STREET ADDRESS	<b>2950 NW 88 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>O GONZALEZ, FELIPE</b>
STREET ADDRESS	<b>18871 NW 89 PLACE</b>
CITY-ST-ZIP	<b>HALEAH FL 33015</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D HOGGES, LILIA P.</b>
STREET ADDRESS	<b>18630 S.W. 109 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D POMAR, PEDRO F</b>
STREET ADDRESS	<b>2340 N.E. 5 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Director Regla Maria Fernandez</b>
1.3 STREET ADDRESS	<b>3025 N.W. 28 ST</b>
1.4 CITY-ST-ZIP	<b>Miami, FL 33142</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Director Juan A. Woods</b>
2.3 STREET ADDRESS	<b>1319 S. Van Ness</b>
2.4 CITY-ST-ZIP	<b>Los Angeles, California 90019</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Lucia Rojas* 3/28/98 (305) 666-6511 x 3671

CR2E037 (1097)