

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90016 040 ****70.00

DOCUMENT # N43968

1. Corporation Name

FUNDACION DE RAICES CUBANAS, INCORPORATED

Principal Place of Business

900 S.W. 1ST
SUITE 202A
MIAMI FL 33130
US

Mailing Address

900 S.W. 1ST
SUITE 202A
MIAMI FL 33130
US



2. Principal Place of Business

21 900 S.W. 1ST

Suite, Apt. #, etc.

22 202A

City & State

23 Miami, FL

Zip

24 33130

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

06/19/1991

4. FEI Number

65-0269630

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROJAS, LUCIA
18105 N.W. 5 COURT
MIAMI FL 33169

10. Name and Address of New Registered Agent

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

TITLE P. ☐ DELETE

NAME ROJAS, LUCIA
STREET ADDRESS 18105 N.W. 5 CT.
CITY-ST-ZIP MIAMI, FL FL 33169

TITLE V ☐ DELETE

NAME DANNERY, OSCAR MARTINEZ
STREET ADDRESS 2347 N.E. 7 AVE.
CITY-ST-ZIP MIAMI FL 33137

TITLE S ☐ DELETE

NAME MORALEZA, LADISLAO
STREET ADDRESS 2950 NW 88 ST.
CITY-ST-ZIP MIAMI FL 33147

TITLE D ☐ DELETE

NAME GONZALEZ, FELIPE
STREET ADDRESS 18871 NW 89 PLACE
CITY-ST-ZIP HIALEAH FL 33015

TITLE D ☐ DELETE

NAME FERNANDEZ, REGLA MARIA
STREET ADDRESS 3025 N.W. 28 STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ DELETE

NAME WOODS, JUAN A
STREET ADDRESS 1319 S. VAN NESS
CITY-ST-ZIP LOS ANGELES CA 90019

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99

Date

(305) 666-6511 X 3671

Daytime Phone #

CR2E037 (1/98)