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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44371** (5)

1. Corporation Name

**UNIDAD CUBANA, INC.**

Principal Place of Business

Mailing Address

**807 S.W. 25TH AVE.  
MIAMI FL 33135**

**P.O. BOX 1973  
MIAMI FL 33135**



3. Date Incorporated or Qualified  
**07/22/1991**

3a. Date of Last Report  
**04/22/1996**

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, FRANCISCO  
521 S.W. 42ND AVE.  
SUITE 206  
MIAMI FL 33134**

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	VD
NAME	<b>FIGUEROA, LUIS A.</b>
STREET ADDRESS	<b>815 PONCE DE LEON BLVD., #200</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	VD
NAME	<b>CASTANER, MODESTO L.</b>
STREET ADDRESS	<b>4600 N.W. 7TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	PD
NAME	<b>VARGAS GOMEZ, ANDRES</b>
STREET ADDRESS	<b>807 S.W. 25TH AVE., #209</b>
CITY - ST - ZIP	<b>MIAMI FL 33135</b>
TITLE	PD
NAME	<b>PERMUY, JESUS</b>
STREET ADDRESS	<b>335 FLUMIA</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	SD
NAME	<b>HERNANDEZ, FRANCISCO V</b>
STREET ADDRESS	<b>521 S.W. 42ND AVE., #206</b>
CITY - ST - ZIP	<b>MIAMI FL 33134</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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

Date

Daytime Phone # **0076363**

CR2E037 (9/96)

**LUIS A. FIGUEROA V.D.**  
**3/11/97** (305) 649-6950