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FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N44371** (5)

1. Corporation Name

**UNIDAD CUBANA, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 30 Country

3. Date Incorporated or Qualified

**07/22/1991**

4. FEI Number

**65-0283460**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 **VD** ☐ DELETE  
NAME **FIGUEROA, LUIS A.**  
STREET ADDRESS **815 PONCE DE LEON BLVD., #200**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VD** ☐ DELETE  
NAME **CASTANER, MODESTO L.**  
STREET ADDRESS **4800 N.W. 7TH ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ DELETE  
NAME **VARGAS GOMEZ, ANDRES**  
STREET ADDRESS **807 S.W. 25TH AVE., #209**  
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **PD** ☐ DELETE  
NAME **PERMUY, JESUS**  
STREET ADDRESS **335 FLUVIA**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **SD** ☐ DELETE  
NAME **HERNANDEZ, FRANCISCO V**  
STREET ADDRESS **521 S.W. 42ND AVE., #206**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Francisco Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/98*  
Date

*644-6950*  
Daytime Phone # 0081310

CR2E037 (10/97)