2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 03, 2004 8:00 am
Secretary of State
04-29-2004 90252 005 ****61.25

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04262004 Chg-NP CR2E037 (10/03)

DOCUMENT # N44371

1. Entity Name
UNIDAD CUBANA, INC.

Principal Place of Business	Mailing Address
~~807 S.W. 25TH AVE.~~ ~~MIAMI, FL 33135~~ 815 PONCE DE LEON BLVD # 200 CORAL GABLES, FL. 33134	P.O. BOX 1973 MIAMI, FL 33135

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0283460 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HERNANDEZ, FRANCISCO~~ LUIS A FIGUEROA ~~521 S.W. 42ND AVE.~~ 815 PONCE DE LEON ~~SUITE 206~~ BLVD. # 200 ~~MIAMI, FL 33134~~ CORAL GABLES, FL. 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Luis A Figueroa 5/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FIGUEROA, LUIS A. 815 PONCE DE LEON BLVD., #200 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CASTANER, MODESTO L. 4600 N.W. 7TH ST. MIAMI, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROLANDO ESPINOSA 130 S.W. 32 AVE MIAMI, FL 33135 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VARGAS GOMEZ, ANDRES 807 S.W. 25TH AVE., #209 MIAMI, FL 33135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURY PEDRO B. ENCINOSA 2252 S.W. 105 CT. MIAMI, FL. 33165 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERMUY, JESUS 335 FLUVIA CORAL GABLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HERNANDEZ, FRANCISCO V 521 S.W. 42ND AVE., #206 MIAMI, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MORAVIA CAPÓ 925 N.W. 37 AVE. #106 MIAMI, FL. 33125 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO ENCINOSA 4/27/04 (305)379-6088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #