

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46992 (6)

1. Corporation Name

PARTIDO DEL PUEBLO CUBANO, ORTODOXO, INC.



Principal Place of Business

Mailing Address

3300 S DIXIE HWY
#509
MIAMI FL 33133

3300 S DIXIE HWY
#509
MIAMI FL 33133

3. Date Incorporated or Qualified
01/23/1992

3a. Date of Last Report
10/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0312753

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OCHOA, EMILIO
3300 S DIXIE HWY
#509
MIAMI FL 33133

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

Emilio Ochoa

02-12/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME OCHOA, EMILIO
STREET ADDRESS 3300 S DIXIE HWY #506
CITY-ST-ZIP MIAMI FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME TARAFA, HUMBERTO
STREET ADDRESS 1408 NW 6TH AVE
CITY-ST-ZIP MIAMI FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME ASENCIO, LAZARO
STREET ADDRESS 25 CAMPINA COURT
CITY-ST-ZIP CORAL GABLES FL 33134

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DT ☒ DELETE
NAME ~~TADUERA, RAY M~~
STREET ADDRESS ~~100 NW 2ND AVE~~
CITY-ST-ZIP ~~MIAMI FL~~

41 TITLE ☐ Change ☐ Addition
42 NAME DT
43 STREET ADDRESS Lorenzo, Rufino
44 CITY-ST-ZIP 13640 SW 22 ST.
Miami, FL 33135

TITLE D ☐ DELETE
NAME CASTAIGNE, AGUSTO
STREET ADDRESS 55 S.W. 31ST ROAD
CITY-ST-ZIP MIAMI FL 33129

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME ~~SONA, RAFAEL~~
STREET ADDRESS ~~6655 S.W. 31ST COURT~~
CITY-ST-ZIP ~~MIAMI FL 33173~~

61 TITLE ☐ Change ☐ Addition
62 NAME D
63 STREET ADDRESS MARCO A. Suarez-Burgos
64 CITY-ST-ZIP 200 SW 30 Road
Miami, FL 33129

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Emilio Ochoa

Date

Date

02-12-1996 206 4203

CR2E037 (12/95)