FILE NOW: FILING FEE IS $61.25

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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33133-3649

3. Date Incorporated or Qualified: 01/23/1992
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	VD P	☐ Change ☑ Addition
NAME	OCHOA, EMILIO		1.2 NAME	Macaya Eduardo	
STREET ADDRESS	3300 S DIXIE HWY #506		1.3 STREET ADDRESS	4161 West 9 Lane # 3L	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	TARAFA, HUMBERTO		2.2 NAME	VenTura, Wilredo	
STREET ADDRESS	1408 NW 6TH AVE		2.3 STREET ADDRESS	9651 SW 17 ST	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL. 33165	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☐ Change ☑ Addition
NAME	ASENCIO, LAZARO		3.2 NAME	Luque Escalona, Roberto	
STREET ADDRESS	25 CAMPINA COURT		3.3 STREET ADDRESS	423 Brickell Ave, Apt 2C	
CITY-ST-ZIP	CORAL GABLES FL 33134 Addition		3.4 CITY-ST-ZIP	Miami, FL 33129	
TITLE	DT		4.1 TITLE	D	☐ Change ☑ Addition
NAME	~~LORENZO~~, Gutiérrez José Manuel		4.2 NAME	Vazquez, Sara	
STREET ADDRESS	~~13640 SW 22 STREET~~ 1704 Country Road		4.3 STREET ADDRESS	1750 James Ave #30	
CITY-ST-ZIP	~~MIAMI FL~~ Coral Gable. FL. 33134		4.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	VD Addition	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	~~CASTAIGNE, AGUSTO~~ De La Portilla, Orlando		5.2 NAME	URQuiola, Anael	
STREET ADDRESS	~~55 S.W. 31ST ROAD~~ 3101 SW 105 Ave		5.3 STREET ADDRESS	25 SW 3E Ave	
CITY-ST-ZIP	~~MIAMI FL 33129~~ Miami, FL 33165		5.4 CITY-ST-ZIP	Miami, FL. 33 134	
TITLE	S	☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	SUAREZ-BURGOS, MARCO A.		6.2 NAME	Ochoa, Onelia	
STREET ADDRESS	200 SW 30 ROAD		6.3 STREET ADDRESS	3001 SW 1st Ave, Unit 103	
CITY-ST-ZIP	MIAMI FL 33129		6.4 CITY-ST-ZIP	Miami, FL 33129	

CR2E037 (9/96)

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: Emilio Ochoa M. 305 President 02-20-97 442-2703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026877