FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

[redacted] 2002

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

FILED
02 APR 25 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Date Incorporated or Qualified: 01/23/1992

3a. Date of Last Repo: 02/15/1996

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 65-0312753 — Applie / Not A

5. Certificate of Status Desired ☐ — $8.75 Add Fee Requi

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 Ma Added to F

8. This corporation has liability for intangible tax under s. 19 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 Coc

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 re 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 reg 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change
NAME	OCHOA, EMILIO		1.2 NAME	200005451432--6
STREET ADDRESS	3300 S DIXIE HWY #506		1.3 STREET ADDRESS	-05/06/02--01004--015
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change
NAME	TARAFA, HUMBERTO		2.2 NAME	
STREET ADDRESS	1408 NW 6TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change
NAME	ASENCIO, LAZARO		3.2 NAME	
STREET ADDRESS	25 CAMPINA COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	
TITLE	DT	☒ DELETE	4.1 TITLE	TREASURER-Director ☐ Change
NAME	LORENZO, RUFINO		4.2 NAME	GuTierrez, Jose Ramón
STREET ADDRESS	13640 SW 22 STREET		4.3 STREET ADDRESS	1701 Country Club Prado
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change
NAME	CASTAIGNE, AGUSTO		5.2 NAME	
STREET ADDRESS	55 S.W. 31ST ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129		5.4 CITY-ST-ZIP	
TITLE	Secretary-D	☐ DELETE	6.1 TITLE	☐ Change
NAME	SUAREZ-BURGOS, MARCO A.		6.2 NAME	
STREET ADDRESS	200 SW 30 ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		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 th 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 unde 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 nar appears in Block 12 or Block 13 changed, or on an attachment with an asterisk.

Secretary