## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

### **DOCUMENT # N48567**

1. Corporation Name

#### ASOCIACION NACIONAL DE INDUSTRIALES DE CUBA, INC

Principal Place of Business 150 OCEAN LANE DRIVE KEY BISCAYNE FL 33149

Mailing Address

150 OCEAN LANE DRIVE APT. 4E.

KEY BISCAYNE FL 33149

# **FILED** Apr 08, 1999 8:00 am § Secretary of State

04-08-1999 90010 007 \*\*\*\*61.25

1	_							
2. Prince 21 P	lace of Business/	2a. Mailing Address	onn	Land	3. Date incorporated or Qualified			
	tetc. Jane Dive	Suite, Apt. #, etc.	1/2	<u> </u>	4. FEI Number 65-0416423			
City & Stat		City & State  28 Py Brs corr	20	FL	5. Certifcate of Status Desired	0		
Zip 24	3 / Zs Gountry	Zip' 33 / 1/30		Dade	6. Election Campaign Financing  Trust Fund Contribution			
	9. Name and Address of Current	Registered Agent		<del>,,,,,,</del>	10 Name and Address of New	Registered :	Agent	
			81	Name	_ ,			
LOUMIET, JUAN R. APT 4E				Street Addr	ess (P.O. Box Number is Not Accept	able)		
150 OCE/	AN LANE DR.		83			\$5.00 May Be Added to Fees Registered Agent    State		
·.	CAYNE FL 33149		84	City			.	
l office or r	egistered agent, or both, in the State o	Suite, Apt, #, etc.  Suite, Apt, #, etc.  Suite, Apt, #, etc.  See A Suite And Addition Applied Suite Appl						
SIGNATURE						DATE		
12,	Signature, typed or printed name of registered agent		<u>_</u> _	st signature require			D DIRECTO	RS IN 12
TITLE	DP OFFICERS AND							
NÂME	LOUMIET, JUAN R.	_						
STREET ADDRESS	THE COMMENT OF THE							
CITY-ST-ZIP	KEY BISCAYNE FL 33149	,		1				·
TITLE	D						Change	☐ Addition
NAME	SUAREZ, RICARDO T.	. 22 N						j
STREET ADDRESS	7312 SOUTH OLIVE AVE.		2.3 STREET	ADDRESS	•		4 .	į
CITY-ST-ZIP	WEST PALM BEACH FL 33405	and the second s	2.4 CITY-5	T-ZIP			مستحيث	
TITLE	DT	☐ DELETE	3.1 TITLE			<del></del>	Change	Addition
NAME !	ZORRILLA, RENE		3.2 NAME					
STREET ADDRESS	1585 SW 18TH ST.		3.3 STREET	ADDRESS		•		
CITY-ST-ZIP	MIAMI FL 33145			T-ZIP	<u></u>			Addist
TITLÉ	VP .						☐ Change	L.J. Addision
NAME	medial, document							ļ
STREET ADDRESS	P.O. BOX #266 N/A		4.3 STREET	ADDRESS				}
CITY-ST-ZIP	GLADWYNE PA 19035			r-ZIP			Chanca	- Addition
TITLE		Li DELETE ■	5.1 TITLE				Change	☐ Addition )

I hereby certify that the information supplied with this filip 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 of 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 and all other like impowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 0107-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TILE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Addition

Change