2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# N50092

Entity Name: ASOCIACION HISTORICA CUBANA, INC.

Current Principal Place of Business:

437 SW 20TH RD.
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

437 SW 20TH RD
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-0350959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BERUVIDES, ESTEBAN M.
437 SW 20TH RD
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BERUVIDES, ESTEBAN M.
Address: 437 SW 20TH RD
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: BERUVIDES, MARIO G
Address: 620 ALEDO AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete
Name: BERUVIDES, MARCELO C
Address: 3121 SW 82 CT
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete
Name: DEL VALLE RAMIO, GLADYS
Address: 6102 SW 18 TERR
City-St-Zip: WEST MIAMI, FL 33144

Title: SD (X) Delete
Name: DEL VALLE RAMOS, GLADYS
Address: 6102 SW 12 TERRACE
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: DEL VALLE RAMOS, GLADYS
Address: 6102 SW 18 TERR
City-St-Zip: WEST MIAMI, FL 33144

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTEBAN M. BERUVIDES RA 05/15/2009

Electronic Signature of Signing Officer or Director — Date