FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000000700 (5)

1. Corporation Name

CUBAN MAUSOLEUM INC.

Principal Place of Business	Mailing Address
2900 CORAL WAY MIAMI FL 33145	2900 CORAL WAY MIAMI FL 33145

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-057-5188 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24	Zip 29
County 25	County 30

9. Name and Address of Current Registered Agent

FERRER, JAIME
1109 GRANADA BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

31 Name: Grisel Fernandez
32 Street Address (P.O. Box Number is Not Acceptable): 6535 S.W. 25 St.
33
34 City: Miami **FL** 35 Zip Code: 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Grisel Fernandez Grisel Fernandez 03-16-95
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/D	11 TITLE	☐ Change ☐ Addition
NAME	PEREZ ROURA, SILVIO A	12 NAME	
STREET ADDRESS	223 SHORE DR.	13 STREET ADDRESS	
CITY ST ZIP	S. MIAMI FL 33133	14 CITY ST ZIP	
TITLE	ST/D	21 TITLE	ST ☒ Change ☐ Addition
NAME	FERRER, JAIME	22 NAME	FERNANDEZ, GRISEL
STREET ADDRESS	1109 GRANADA BLVD.	23 STREET ADDRESS	6535 S.W. 25 St.
CITY ST ZIP	CORAL GABLES FL 33134	24 CITY ST ZIP	Miami, FL 33155
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Evelio Cepero	32 NAME	
STREET ADDRESS	10355 S.W. 40 St. #537	33 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33165	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	5/1/95 MB
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Silvio A.Perez-Roura 03-16-95 (305)445-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000101