

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003605 (3)

1. Corporation Name

ALIANZA DE JOVENES CUBANOS, INC.

Principal Place of Business

2600 SW 3RD AVE., SUITE 301
MIAMI FL 33129

Mailing Address

2600 SW 3RD AVE., SUITE 301
MIAMI FL 33129



3. Date Incorporated or Qualified
08/06/1993

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLIED FOR 65-0133291

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

10. Name and Address of New Registered Agent

POWELL-COSIO, SOFIA
2600 SW 3RD AVE., SUITE 301
MIAMI FL 33129

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

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 D ☐ DELETE
NAME COSIO, ALBERTO F
STREET ADDRESS P.O. BOX 110908 N/A
CITY-ST-ZIP MIAMI FL 33111-0908

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Brenda M. Lopez-Ibanez
1.3 STREET ADDRESS 500 San Juan
1.4 CITY-ST-ZIP Coral Gables, FL 33143

TITLE D ☐ DELETE
NAME POWELL-COSIO, MAGDALENA S
STREET ADDRESS P.O. BOX 110908 N/A
CITY-ST-ZIP MIAMI FL 33111-0908

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CARDENAS, CARMEN D
STREET ADDRESS P.O. BOX 110908 N/A
CITY-ST-ZIP MIAMI FL 33111-0908

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CRUZ, CARLOS M JR.
STREET ADDRESS P.O. BOX 110908 N/A
CITY-ST-ZIP MIAMI FL 33111-0908

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME VELEZ, CALIXTO J. G
STREET ADDRESS P.O. BOX 110908 N/A
CITY-ST-ZIP MIAMI FL 33111-0908

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MIGOYA, CRISTINA C
STREET ADDRESS P.O. BOX 110908 N/A
CITY-ST-ZIP MIAMI FL 33111-0908

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

305-1669-5551

CR2E037 (12/95)