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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N93000005690 (3) DOCUMENT #

ASOCIACION CUBANA DE LA INDUSTRIA DEL TABACO, IN C.

Mailing Address Principal Place of Business 7035 SW 44TH ST. 201 SEVILLA AVENUE MIAMI FL 33155 SHITE 203 CORAL GABLES FL 33133 HS 3a. Date of Last Report 3. Date Incorporated or Qualified 12/20/1993 01/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 7035 SW 44 St. MIAMI FL 33155 NOT APPLICABLE SAME Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 26 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALVAREZ, PEDRO A ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 8941 S.W. 103RD AVENUE 83 MIAMMI FL 33176 Zip Code 84 City 85 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 reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 11 TITLE TITLE DIEGO TRINIDAD PLASENCIA, CONRADO 1.2 NAME NAME 20991 SW. 83 AVE STREET ADDRESS 1261 SW 15TH TERR 1.3 STREET ADDRESS MIAMI CITY-ST-ZIP MIAMI FL 33145 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE J. GUTIERREZ NICOLAS TR. POLLACK, MERCEDES T 2.2 NAME NAM: STE 1600 2601 SO. BAYSHOPE DRIVE 2.3 STREET ADDRESS 3680 STEWART AVENUE STREET ADDRESS FLA. miami 33/33 2 4 CITY-ST-7IP MIAMI FL CITY-ST-ZIP Change Addition TITLE DELETE 3.1 TITLE NAPOLEON PADILLA 3.2 NAME EIROA, CHRISTIAN L NAME 11 th 57. 8976 SW 3.3 STREET ADDRESS STREET ADDRESS 1035 SW 67TH AVENUE FLA. 33174 3.4. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** DELETE ☐ Change Addition 4.1 TITLE TIBLE NAME ORDONEZ, JOSE M 4 2 NAME STREET ADDRESS 3305 ALHAMBRA AVENUE 4.3 STREET ADDRESS CORAL GABLES FL 33134 44 CITY-ST-ZIP C(1Y - S1 - ZIP DELETE Addition 5.1 TITLE TITLE NAME MENENDEZ, MANUEL J 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 3305 ALHAMBRA AVENUE CORAL GABLES FL 33134 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME RODRIGUEZ, ESTHER B NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information applied with this tiling 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 by this at hual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

n address.

SIGNATURE: _

STREET ADDRESS

600 BILTMORE WAY

appears in Block 12 or Block 13 if ch

CORAL GABLES EL 33134

SIGNATULE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(12/95) **CR2E037**