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 # N94000000845 (7)

1. Corporation Name
CUBAN NATIONAL HERITAGE CORP.

Principal Place of Business	Mailing Address
2600 SW 3RD AVENUE 301 MIAMI FL 33129 US	2600 SW 3RD AVENUE 301 MIAMI FL 33129 US

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 02/18/1994
3a. Date of Last Report: 06/14/1995
4. FEI Number: 65-0468553 ☐ 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

BUSTAMANTE, ALBERTO S III
233 S SEMORAN BLVD
ORLANDO FL 32807

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when mandating.

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABARROCAS, DAVID 4086 EL PRADO BLVD COCONUT GROVE FL 33133	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANDELA, HILARIO 10900 SW 53RD AVE MIAMI FL 33156	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASANOVA, SALOME 650 OCEAN LN DR APT 10D KEY BISCAYNE FL 33149	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ-CONCHESO , MARIA T 350 GRAPETREE DR TH 412 KEY BISCAYNE FL 33149	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABASCAL, GERARDO II 2730 SW 3RD AVE #301 MIAMI FL 33129	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Cobelo, Armando 5200 SW 8th Street, Suite 112 Miami, Florida 33134	☒ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Godoy-Arnoldson, Malvina 1408 S. Bayshore Drive Miami, Florida 33131	☐ Change ☒ Addition

CR2E037 (12/95)

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: A. Bustamante 4/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #