N94000000845

Requester's Name

Cuban Cultural Heritage
3934 SW 8th Street Suite 201
Coral Gables, FL 33134

000007475840--0
-09/03/02--01063--006
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
02 SEP 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☑ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

4

Examiner's Initials

CR2E031(7/97)

T BROWN SEP 24 2002

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

September 10, 2002

CUBAN CULTURAL HERITAGE CORP.
3934 SW 8TH STREET
SUITE 201
CORAL GABLES, FL 33134

SUBJECT: CUBAN CULTURAL HERITAGE CORP.
Ref. Number: N94000000845

We have received your document for CUBAN CULTURAL HERITAGE CORP. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The attached form must be completed in order to file the document.

The registered agent must sign accepting the designation.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 602A00051908

ARMANDO F. COBELO
PRESIDENT

REGISTER AGENT

TEL: 305-443-1522
305-264-9476

9-16-02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : Cuban Cultural Heritage Corp.

2. The mailing address of the corporation : 3934 SW 8th. St. Suite 201
Miami, Florida 33134

3. Date of incorporation/qualification: 2-18-1994 Document number: N 94000000845

4. The name and address of the current registered agent and office:

Dr. Armando F. Cobelo

300 Aragon Avenue, Suite 260

Miami, FL 33134

FILED
02 SEP 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box **Not** Acceptable)

Dr. Armando F. Cobelo

3934 SW 8th Street, Suite 201

Miami, FL 33134

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board) 8-29-02 (Date)

Armando F. Cobelo, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

N/A (Signature of Registered Agent) 9-16-02 (Date)

If signing on behalf of an entity:

N/A ARMANDO F. COBELO PRESIDENT
(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314