

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90081 021 ****70.00

DOCUMENT # N94000000845

1. Entity Name

CUBAN CULTURAL HERITAGE CORP.



Principal Place of Business

3934 SW 8TH STREET
SUITE 201
MIAMI FL 33134

Mailing Address

3934 SW 8TH STREET
SUITE 201
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0468553

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBELO, ARMANDO F DR.
3934 SW 8TH STREET
SUITE 201
MIAMI FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of, registered agent.

SIGNATURE

Armando F. Cobelo CHAIRMAN OF THE BOARD

1-31-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. 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 COBELO, ARMANDO F 1400 SW 84TH COURT MIAMI FL 33144 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIRICH, LOURDES A 7540 SW 52 CT MIAMI FL 33143 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODOY-ARNOLDSON, MALVINA 1408 S. BAYSHORE DRIVE MIAMI FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTAMANTE, ALBERTO 2512 PERSHING OAKS PLACE ORLANDO FL 32806 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition CESAR BAINAS-MILANES 4395 INGRAMA HWY CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Armando F. Cobelo CHAIRMAN OF THE BOARD

1-31-04 (305) 443-1522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #