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 # **N94000002390 (2)**

1. Corporation Name

CUBANOS CON FE EN ACCION INC.

Principal Place of Business	Mailing Address
~~3609 S MIAMI AVE~~ ~~MIAMI FL 33133~~	~~3609 S MIAMI AVE~~ ~~MIAMI FL 33133~~

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report: 08/10/1995

2. Principal Place of Business	2a. Mailing Address
21 15022 Royal Palm Court	26 15022 Royal Palm Court
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Lakes, Florida	City & State 28 Miami Lakes, Florida
Zip 24 33014 / Country 25 USA	Zip 29 33014 / Country 30 USA

4. FEI Number: 65-0492474 ☐ 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

~~SANTANA, FRANCISCO~~
~~3609 S MIAMI AVE~~
~~MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81 Name: Alberto Valdes
82 Street Address (P.O. Box Number is Not Acceptable): 15022 Royal Palm Court.
83
84 City: Miami Lakes FL 85 Zip Code: 33014

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] Alberto VALDES 2/9/96
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ ~~SANTANA, FRANCISCO~~ ~~3609 S MIAMI AVE~~ ~~MIAMI FL 33133~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T/S Andrade, Arturo 13233 S.W. 86 Terrace Miami, Florida 33183	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ PEREZ-CRESPO, NANCY 4635 SW 89TH PL MIAMI FL 33165	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DI~~ ~~VALDEZ, ALBERTO~~ ~~9715 HAMMOCKS BLVD I-161~~ ~~MIAMI FL 33196~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T/P Valdes, Alberto 15022 Royal Palm Court Miami Lakes, Florida 33014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	A/S Gutierrez, Renaldy J. 601 Brickell Key Drive, Ste. 501 Miami, Florida 33131-2651	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	700001746967 -03/18/96--01053--027 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ 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: [signature] RENALDY J. GUTIERREZ 2/9/96 (305)577-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/17/96