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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
15022 ROYAL PALM COURT MIAMI LAKES FL 33014	15022 ROYAL PALM COURT MIAMI LAKES FL 33014-2535

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report: 03/17/1996

2. Principal Place of Business
21 1633 W. Flagler St.
Suite, Apt. #, etc.
22 1633
City & State
23 Miami Fla.
Zip 24 33131 Country 25 USA.

2a. Mailing Address
26 15022 Royal Palm Court. Miami Lakes Fla.
Suite, Apt. #, etc.
27
City & State
28 Miami Lakes Fla.
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

VALDES, ALBERTO
15022 ROYAL PALM COURT
MIAMI LAKES FL 33014

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDRADE, ARTURO		1.2 NAME	
STREET ADDRESS	13233 S.W. 86TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP	
TITLE	TT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ-CRESPO, NANCY		2.2 NAME	
STREET ADDRESS	4635 SW 89TH PL		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165		2.4 CITY-ST-ZIP	
TITLE	TP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VALDES, ALBERTO		3.2 NAME	
STREET ADDRESS	15022 ROYAL PALM COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014		3.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, RENALDY J		4.2 NAME	
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 501		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2851		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023147