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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90124 043 \*\*\*\*61.25

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|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N94000002390**

1. Corporation Name

**CUBANOS CON FE EN ACCION INC.**

Principal Place of Business

1633 W FLAGLER ST  
1633  
MIAMI LAKES FL 33131  
US

Mailing Address

15022 ROYAL PALM COURT  
MIAMI LAKES FL 33014  
US



2. Principal Place of Business

21 1633 W Flagler St.

Suite, Apt. #, etc.

22 1633

City & State

23 MIAMI FLA

Zip

24 25 USA

2a. Mailing Address

26 15022 Royal Palm Court

Suite, Apt. #, etc.

27

City & State

28 MIAMI LAKES FLA 33014

Zip

29 33014 30 USA

3. Date Incorporated or Qualified

04/25/1994

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TS ☐ DELETE

NAME ANDRADE, ARTURO  
STREET ADDRESS 13233 S.W. 86TH TERRACE  
CITY-ST-ZIP MIAMI FL 33183

TITLE TT ☐ DELETE

NAME PEREZ-CRESPO, NANCY  
STREET ADDRESS 4635 SW 89TH PL  
CITY-ST-ZIP MIAMI FL 33165

TITLE TP ☐ DELETE

NAME VALDES, ALBERTO  
STREET ADDRESS 15022 ROYAL PALM COURT  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE AS ☐ DELETE

NAME GUTIERREZ, RENALDY J  
STREET ADDRESS 601 BRICKELL KEY DRIVE, STE 501  
CITY-ST-ZIP MIAMI FL 33131-2651

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

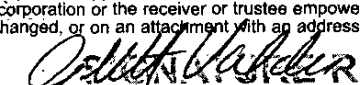
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99

Date

305-821-0400

Daytime Phone #

CR2E037 (1/98)