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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002390

1. Corporation Name

CUBANOS CON FE EN ACCION INC.

Principal Place of Business	Mailing Address
1633 W FLAGLER ST 1633 MIAMI LAKES FL 33131 US	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 Country 25 USA	2a. Mailing Address 26 15022 Royal Palm Court. Suite, Apt. #, etc. 27 City & State 28 Miami Lakes Fla. 33014 Zip 29 33014 Country 30 USA.	3. Date Incorporated or Qualifed 04/25/1994 4. FEI Number 65-0492474 ☐ Applied For ☐ Not Applicable 5. Certifcate 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	10. Name and Address of New Registered Agent
VALDES, ALBERTO 15022 ROYAL PALM COURT MIAMI LAKES FL 33014	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 33131-2651		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 (11/98)

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: Alberto Valdes **REQUIRED** 2/12/99. 305-821-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #