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Jan 22 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 # N95000002630 (0)

1. Corporation Name

PROYECTO CUBA INC.



Principal Place of Business

5850 S.W. 8TH TERRACE
WEST MIAMI FL 33134

Mailing Address

825 S. BAYSHORE DR.
#1243
MIAMI FL 33131-2919

3. Date Incorporated or Qualified
06/06/1995

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0586383

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

10. Name and Address of New Registered Agent

CODIAS, J C
825 S. BAYSHORE DRIVE
SUITE 1243, TOWER 3
MIAMI FL 33131

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 PD ☒ DELETE
NAME CARRERAS, RAFAEL
STREET ADDRESS 5850 SW 9TH TERRACE
CITY-ST-ZIP WEST MIAMI FL 33134

TITLE VD ☐ DELETE
NAME HAIBI, ROGELIO PEREZ
STREET ADDRESS 5850 SW 9TH TERRACE
CITY-ST-ZIP WEST MIAMI FL 33234

TITLE SD ☐ DELETE
NAME CODIAS, RENE
STREET ADDRESS 5850 SW 9TH TERRACE
CITY-ST-ZIP WEST MIAMI FL 33134

TITLE TD ☐ DELETE
NAME CARRANDI, RODOLFO A.
STREET ADDRESS 5850 SW 9TH TERRACE
CITY-ST-ZIP WEST MIAMI FL 33134

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 PRESIDENT PD ☒ Change ☐ Addition
1.2 NAME ISMAEL HERNANDEZ, SR.
1.3 STREET ADDRESS 3450 S.W. 124 COURT
1.4 CITY-ST-ZIP MIAMI, FL. 33175

2.1 TITLE INDAMIRO RESTANO D ☐ Change ☒ Addition
2.2 NAME 560 EAST 56TH STREET
2.3 STREET ADDRESS HIALEAH, FL. 33013
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 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:

Rogelio Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97
Date

Daytime Phone # 0026607

CR2E037 (9/96)