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FILED

Mar 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005076 (3)

1. Corporation Name

CONFEDERACION CAMPESINA DE CUBA CORP.



Principal Place of Business

Mailing Address

3325 SW 11 STREET  
MIAMI FL 33135

3325 SW 11 STREET  
MIAMI FL 33135-4309

3. Date Incorporated or Qualified  
10/26/1995

3a. Date of Last Report  
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

☒ 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

POU  
SOCARRAS, JOSE M  
3325 SW 11 STREET  
MIAMI FL 33135

81 Name Jose M. Pou

82 Street Address (P.O. Box Number is Not Acceptable)  
3325 S.W. 11th St.

83

84 City Miami

FL

85 Zip Code  
33135

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]*

(NOTE: Registered Agent signature required when reinstating)

01/17/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                      |  |
|-----------------|----------------------|--|
| TITLE           | D POU                | <input checked="" type="checkbox"/> DELETE |
| NAME            | SOCARRAS, JOSE M     |  |
| STREET ADDRESS  | 3325 SW 11 STREET    |  |
| CITY - ST - ZIP | MIAMI FL 33135       |  |
| TITLE           | SD                   | <input checked="" type="checkbox"/> DELETE |
| NAME            | ROSALES, JUAN M      |  |
| STREET ADDRESS  | 1641 SW 125 CT       |  |
| CITY - ST - ZIP | MIAMI FL 33135       |  |
| TITLE           | TD                   | <input checked="" type="checkbox"/> DELETE |
| NAME            | RODRIGUEZ, RICARDO M |  |
| STREET ADDRESS  | 207 NW 48 PLACE      |  |
| CITY - ST - ZIP | MIAMI FL 33135       |  |
| TITLE           |                      | <input type="checkbox"/> DELETE            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |
| TITLE           |                      | <input type="checkbox"/> DELETE            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |
| TITLE           |                      | <input type="checkbox"/> DELETE            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |

|                     |                            |  |
|---------------------|----------------------------|--|
| 1.1 TITLE           | D                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | Jose M. Pou                |  |
| 1.3 STREET ADDRESS  | 3325 S.W. 11th St.         |  |
| 1.4 CITY - ST - ZIP | Miami, FL 33135            |  |
| 2.1 TITLE           | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | Juan Antonio Rolden        |  |
| 2.3 STREET ADDRESS  | 11382 SW 3rd Street        |  |
| 2.4 CITY - ST - ZIP | MIAMI, FL 33174            |  |
| 3.1 TITLE           | JD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | Arthur E. Brice            |  |
| 3.3 STREET ADDRESS  | 2055 S.W. 122nd. Apt. 105  |  |
| 3.4 CITY - ST - ZIP | Miami, FL 33175-7300       |  |
| 4.1 TITLE           | T                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | RICARDO RODRIGUEZ          |  |
| 4.3 STREET ADDRESS  | 207 NW 48th PLACE          |  |
| 4.4 CITY - ST - ZIP | MIAMI FL 33135             |  |
| 5.1 TITLE           | T                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            | Juan Manuel Rosales        |  |
| 5.3 STREET ADDRESS  | 1641 S.W. 125 Court        |  |
| 5.4 CITY - ST - ZIP | Miami, FL                  |  |
| 6.1 TITLE           | T                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            | Fernando Freyre            |  |
| 6.3 STREET ADDRESS  | 17501 N.E. 9th. Ave.       |  |
| 6.4 CITY - ST - ZIP | North Miami Beach FL 33162 |  |

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:

*[Signature]* Arthur E. Brice  
Secretary

01/17/97  
Date

Daytime Phone # 0029144

CR2E037 (9/96)