

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N95000005076**

1. Corporation Name

**CONFEDERACION CAMPESINA DE CUBA CORP.**

Principal Place of Business

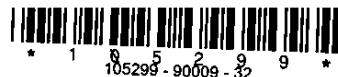
**3325 SW 11 STREET  
MIAMI FL 33135**

Mailing Address

**3325 SW 11 STREET  
MIAMI FL 33135**

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90009 032 \*\*\*\*75.00



2. Principal Place of Business

**21 3325 S.W. 11 ST**

Suite, Apt. #, etc.

**22**

City & State

**23 Miami FL Dade.**

Zip

**24 33135**

Country

**25 Dade**

2a. Mailing Address

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

3. Date Incorporated or Qualified

**10/26/1995**

4. FEI Number

**65-0740477**

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

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

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 ☐ DELETE

NAME **D**  
POU, JOSE M  
STREET ADDRESS **3325 SW 11TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**  
CORDOVA, JUAN ANTONIO  
STREET ADDRESS **11382 SW 3RD ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**  
BRICE, ARTHUR E  
STREET ADDRESS **2055 SW 122ND APT 105**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **T**  
RODRIGUEZ, RICARDO  
STREET ADDRESS **207 NW 48TH PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **T**  
ROSALES, JUAN MANUEL  
STREET ADDRESS **1641 SW 125 COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **T**  
FREYRE, FERNANDO  
STREET ADDRESS **17501 NE 9TH AVE**  
CITY-ST-ZIP **N MIAMI BCCH FL**

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

**D**  
**JUAN ANTONIO CORDOVAS**  
**11195 SW 135 Street apt. 222**  
**Hialeah, FL 33174-1270**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-08-99

CR2E037 (11/98)

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