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FILED  
May 12 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001912 (2)

1. Corporation Name

PRODUCTORES DE AZUCAR DE CUBA, INC.



Principal Place of Business

Mailing Address

6262 BIRD RD SUITE 3-I  
MIAMI FL 33155

6262 BIRD RD SUITE 3-I  
MIAMI FL 33155-4882

3. Date Incorporated or Qualified  
04/09/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0676545

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

25 Country

28 Zip

30 Country

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

ZULUETA, IGNACIO G  
6262 BIRD RD SUITE 3-I  
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

17. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ZUBILLAGA, CARLOS  
STREET ADDRESS 351 ALHAMBRA PLACE  
CITY-ST-ZIP WEST PALM BEACH FL 33405

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME LOPEZ-SILVERO, JOSE E  
STREET ADDRESS 9682 FOUNTAINBLEAU BLVD SUITE 404  
CITY-ST-ZIP MIAMI FL 33172

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BLANCO, FRANCISCO E  
STREET ADDRESS 180 ARAGON AVE 6TH FLOOR  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME GASTON, CARLOS E  
STREET ADDRESS 1825 COUNTRY CLUB PARK  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BLANCO, ALFREDO JR  
STREET ADDRESS 16 SEVILLA AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME ZULUETA, FERNANDO  
STREET ADDRESS 212 SW 20TH RD  
CITY-ST-ZIP MIAMI FL 33129

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 (305) 662-2800  
Date Daytime Phone # 0031082

CR2E037 (9/96)