

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

122

0005260

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003575 (5)

1. Corporation Name

PARTIDO ORTODOXO CUBANO, INC.

98 OCT 16 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

2730 SW 19TH TER.  
MIAMI FL 33145

2730 SW 19TH TER.  
MIAMI FL 33145

3. Date Incorporated or Qualified

07/08/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONTE-AGUERO, LUIS  
2730 SW 19TH TER.  
MIAMI FL 33145

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 DP ☐ DELETE

NAME CONTE-AGUERO, LUIS

STREET ADDRESS 2730 SW 19TH TER.

CITY-ST-ZIP MIAMI FL 33145

TITLE DV ☐ DELETE

NAME ESPINOSA, ROLANDO

STREET ADDRESS 2730 SW 19TH TER.

CITY-ST-ZIP MIAMI FL 33145

TITLE DV ☐ DELETE

NAME FIBLA, ALBERTO

STREET ADDRESS 2730 SW 19TH TER.

CITY-ST-ZIP MIAMI FL 33145

TITLE DS ☐ DELETE

NAME ACOSTA, PABLO

STREET ADDRESS 2730 SW 19TH TER.

CITY-ST-ZIP MIAMI FL 33145

TITLE DS ☐ DELETE

NAME ELIAS, ANA

STREET ADDRESS 2730 SW 19TH TER.

CITY-ST-ZIP MIAMI FL 33145

TITLE DT ☐ DELETE

NAME DIAZ-TALAVERA, MARIO

STREET ADDRESS 2730 SW 19TH TER.

CITY-ST-ZIP MIAMI FL 33145

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-25-98 (305) 375 1054

CR2E037 (5/98)

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EM

OMB No. 1545-0003  
Expires 12-31-98

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) <b>PARTIDO ORTODOXO CUBANO, INC.</b>			
2 Trade name of business, if different from name in line 1 <b>n/a</b>		3 Executor, trustee, "care of" name <b>n/a</b>	
4a Mailing address (street address) (room, apt., or suite no.) <b>2730 S.W. 19th. Terrace</b>		5a Business address, if different from address in lines 4a and 4b <b>n/a</b>	
4b City, state, and ZIP code <b>MIAMI, FLORIDA 33145</b>		5b City, state, and ZIP code <b>n/a</b>	
6 County and state where principal business is located <b>Miami-Dade, Florida</b>			
7 Name of principal officer, general partner, grantor, owner, or trustee (SSN required) (See instructions.) ▶ <b>Dr. Luis CONTE-AGUERO</b>			
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust			
<input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership			
<input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Farmers' cooperative			
<input checked="" type="checkbox"/> Other nonprofit organization (specify) <b>Corporation</b> (enter GEN if applicable)			
<input type="checkbox"/> Other (specify) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State <b>FLORIDA</b>	Foreign country <b>n/a</b>
9 Reason for applying (Check only one box.)			
<input type="checkbox"/> Started new business (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶			
<input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶			
<input type="checkbox"/> Banking purpose (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ <b>To use on statement &amp; other documents</b>			
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>07-08-96</b>		11 Enter closing month of accounting year. (See instructions.) <b>December</b>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ <b>n/a</b>			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."			
Nonagricultural <b>0</b>		Agricultural <b>0</b>	Household <b>0</b>
14 Principal activity (See instructions.) ▶ <b>Fraternal, Political and Social Activities</b>			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.			
Legal name ▶ <b>n/a</b>		Trade name ▶	
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.			
Approximate date when filed (Mo., day, year) <b>n/a</b>		City and state where filed <b>n/a</b>	Previous EIN <b>None</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) ▶ <b>Dr. Luis CONTE-AGUERO, Pres</b>		Business telephone number (include area code) <b>(305) 375-1054</b>	
Signature ▶ <i>Dr. Luis Conde-Aguero</i>		Date ▶ <b>08-06-98</b>	

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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