FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF ST

Sandra B. Mortham

FILED

May 20 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATION

DOCUMENT #

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

N9600003687 (8)

CRUZADA CUBANA CORPORATION

Principal Place of Business 402 N.W. 87TH AENUE APT. 103 MIAM FL		Mailing Address 402 N.W. 87TH AENUE APT. 103 MIAMI FL				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	heren		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032, Yes No
	9. Name and Address of Curre		1001		10. Name and Address of New Re	
			8.	Name		-
GONZALEZ, GERARDO				Circ - 1 A 1	(DO Day Must as to May As a second	2(2)
	V. 87TH AVENUE		82	Street Add	dress (P.O. Box Number is Not Acceptal	Diej
APT. 103			83	1		
-MAMIFL			<u> </u>	 		
-सम्बद्धाः	•		84	City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ag	en] and little if applicable (NOTE	: Ragistered A		rporation submits this statement for the pation's board of directors. I hereby accelured when reinstating)	I DATE
12.		ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE	PD CONTAINS OF DARROO	L. DELETE	11 TITLE	T	TUHN O. PARETS	C change S vocation
NAME OVERT ADDRESS	GONZALEZ, GERARDO		1.2 NAME	T I DODEGO	824 SU 255T	
STREET ADORESS	402 N.W. 87TH AVE. #103			l L	110M1,F1.33155	
CITY-ST-ZIP TITLE	MIAMI FL 33172 SD	DELETE	1.4 CITY- 2.1 TITLE			Change Addition
NAME	VERGARA, LOURDES G		2.1 TITLE 2.2 NAME	12	Duzalez Lourde	S En country (C) Applitud
STREET ADDRESS	6980 S.W. 83RD COURT		~ ii	T ADDRESS	ONZALEZ, LOURDE	1
CITY-ST-ZIP	MIAMI FL 33145		2.4 City	I ADDITION I	410MI, F1, 33143	
TITLE	TD	DELETE	3.1 TITLE	0 20		Change Addition
NAME	MARTINEZ, CARLOS E	_	3.2 NAME	<u> </u>		•
STREET ADDRESS	215 COSTANERE ROAD		i	T ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33143		3.4. CITY			
TITLE	<u> </u>	☐ DELETE	4.1 TITLE			Change Addition
RAME			4. 2 NAM			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP	_		4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE	,		Change Admition
NAME			5.2 NAME	`		<i>M</i> ~/ L.
STREET ANABESS			E 2 CTDE	TADDOSCO	₹"	1 1/05/)C

-06/04/97--01035 ***61.25 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.

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

7000022009

6.1 TITLE

DELETE