03031999-90043-027-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

99 MAR -9 AM 10:00

DOCUMENT # N98000001092

1. Corporation Name
CLUB CUBANELECO, INC.

Principal Place of Business	Mailing Address
8496 S.W. 8TH STREET MIAMI FL 33144	8496 S.W. 8TH STREET MIAMI FL 33144

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 7175 SW 8TH. St	26	02/24/1998
Suite, Apt. #, etc. 22 213 - 214	Suite, Apt. #, etc. 27	4. FEI Number 65-0838176 ☐ Applied For ☐ Not Applicable
City & State 23 MIAMI, FL.	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33144 Country 25 U.S.A.	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAMPOS CORONA, CALIXTO 8496 S.W. 8TH STREET MIAMI FL 33144	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 X
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CAMPOS CORONA, CALIXTO		1.2 NAME		
STREET ADDRESS	205 S.W. TAMIAMI CANAL RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, RENE L.		2.2 NAME		
STREET ADDRESS	350 TAMIAMI BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ASSEF, MANUEL		3.2 NAME		
STREET ADDRESS	4711 S.E. 5TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	B. 4/13/99 99AR	
CITY-ST-ZIP			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 4/1/99 (305) 642-0467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)