

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90303 029 ****61.25

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1. Entity Name
CUBAN AMERICAN HERITAGE FESTIVAL, INC.



Principal Place of Business
5570 THIRD AVENUE
KEY WEST, FL 33040

Mailing Address
5570 THIRD AVENUE
KEY WEST, FL 33040

94033100



DO NOT WRITE IN THIS SPACE

02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0889930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HIGHSMITH, ROBERT E
1315 WHITEHEAD STREET
KEY WEST, FL 33040

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SALINERO, FRED
5570 THIRD AVENUE
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GONZALEZ, JOSE
5570 THIRD AVENUE
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FRAGA, PEDRO
3707 PEARLMAN CT
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #