

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

850 245-6056

DOCUMENT # N99000003780

1. Entity Name
PUENTES CUBANOS INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business
1925 BRICKELL AVE., TH #17
MIAMI, FL 33129

Mailing Address
1925 BRICKELL AVE., TH #17
MIAMI, FL 33129

05 NOV -9 PM 2:57
REINSTATEMENT 05



2. Principal Place of Business
Same

3. Mailing Address
Same

10102005 REIN-NP CR2E099 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0931328

Applied For
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILHELM, SILVIA
1925 BRICKELL AVE., TH #17
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Silvia Wilhelm

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/5/05

FILE NOW!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE MD
NAME WILHELM, CHARLES C ☐ Delete
STREET ADDRESS 1925 BRICKELL AVE
CITY-ST-ZIP MIAMI, FL 33139

TITLE SRA
NAME CASTRO, MAX ☐ Delete
STREET ADDRESS UNIV OF MIAMI /N/SCWTEE
CITY-ST-ZIP MIAMI, FL 33139

TITLE AAL
NAME CIBRIAN, DAVID ☐ Delete
STREET ADDRESS 100 W HOUSTON ST STE 1400
CITY-ST-ZIP SAN ANTONIO, TX 78205

TITLE ED
NAME ARAOZ, GUSTAVO F ☐ Delete
STREET ADDRESS 401 F STREET NW ROOM 331
CITY-ST-ZIP WASHINGTON, DC 20001

TITLE CEO
NAME MOSQUERA, LUIS ☐ Delete
STREET ADDRESS 1372 S UNETIN WAY
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE CPD
NAME PUBILLONES, LILLIAN ☐ Delete
STREET ADDRESS 1211 CONN. AVE STE 510
CITY-ST-ZIP WASHINGTON, DC 20036

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 300061292063
STREET ADDRESS 11/09/05--01038--004 **236.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Silvia Wilhelm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/05

10/10/05 3058584002

Date

Daytime Phone #