2004 FOR PROFIT CORPORATION ANNUAL REPORT-

Jul 01, 2004 8:00 am Secretary of State DOCUMENT # P93000055052 07-01-2004 90001 028 ***150.00 CUBAN MEDICAL CONVENTION, INC. Principal Place of Business Mailing Address 5959 NW 7TH STREET 5959 NW 7TH STREET 54059423 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address 7th Street 5059 NW 7+h Suite, Apt. #, etc. 5959 NW 06282004 Chq-P CR2E034 (10/03) Çity & State 4. FEI Number Applied For 65-0439914 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEJIDOR, ROBERTO 5959 NW 7TH STREET MIAMI, FL 33126 Zip Code 3313 8. The above named entity submits this staten the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent SIGNATURE **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 9. Efection Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition TEJIDOR, ROBERTO NAME NAME 5959 NW 7TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Gutiérrez Nicolas J. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 607, 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.