FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000008085 (0)**

1. Corporation Name

CUBA LIBRE FREEWARE, INC.

Principal Place of Business

1521 ALTON ROAD
 # 209
MIAMI BEACH FL 33139

Mailing Address

1521 ALTON ROAD
 # 209
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **02/02/1994**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **65-0464153** ☐ Applied For ☐ Not Applicable

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

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

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 | County 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BASHA, RICHARD
169 EAST FLAGLER STREET, SUITE 1527
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.0505 and 617.1505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
EGOZI, KAREN
1521 ALTON ROAD, # 209
MIAMI BEACH FL 33139

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report is true, accurate, furnished and does not omit, for the exemption stated in Sec. and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added to the report with my address.

SIGNATURE: Karen Egozi, Karen Egozi, President 3/1/96 305-534-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)