FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087137 (2)

Principal Place of Business	Mailing Address
1200 PALM AVENUE	1200 PALM AVENUE
HIALEAH FL	HIALEAH FL

FILED Mar 25 1998 8:00am Secretary of State

EL CA	MPO DE CUBA, INC.		- (
Principal Plac	oe of Business	Mailing	g Address	· · · · · ·			- 1 10041000 140 40404 01414 00844 008416	UNI UNIAN IA		
1200 PALM AVENUE 1200 PALM AVENUE HIALEAH FL HIALEAH FL						' CO NOT WEIT	E IN TUR	PDACE		
							DO NOT WRIT	E IN THIS	SPACE	
							3. Date Incorporated or Qualified			
9 Principal F	Place of Business	l 2a Ma	iling Address				11/13/1995 4. FEI Number	_ 	1 1	nolind For
2. Frincipal F	Tace of Business	26. Wa	mily Address							oplied For of Applicable
Suite, Apt.	#. etc.		te, Apt. #, etc.				65-063 19 10			Additional
22		27					5. Certificate of Status Desired			equired
City & Star	1e		y & State	·—————			6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	1	Cour	ntry		8. This corporation owes or has p	aid the cu	rrent year Int	angible
24	25	29		30			Personal Property Tax due Jun			No
	9. Name and Address of Curre	nt Registere	d Agent				10. Name and Address of New R	egistered	Agent	
	AMEZ, VICTOR			ŀ	81	Name				
	200 PALM AVENUE			Ì	82	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
H	aleah fl									
					83					
				ŀ	84	City			85 Zip	Code
								FL	- _	
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1: e of Florida. S gations of, So	508, Florida Statu Juch change was ction 607.0505, F	ites, the ab authorized Iorida Stati	ove- by tales.	named corpo the corporatio	ration submits this statement for the in's board of directors. I hereby acce	purpose o pt the app	of changing it pointment as	s registered registered
SIGNATURE										
	Signature, typical or printed name of registered ag				Ageni	signature required		DATE		
12.	OFFICERS AN	ND DIRECTO	DELET E	13.			ADDITIONS/CHANGES TO OFFI	CERS ANI	DIRECTOR Change	S IN 12
TITLE			□ DETE(E	1.1 TiT		1			L. Grange	Addition
NAME	GAMEZ, VICTOR 1030 W. 35TH STREET			1.2 NA		200500				
STREET ADDRESS	HIALEAH FL 33012-4928			1		DORESS				
CITY-ST-ZIP TITLE	D					.7IP I				
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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 it 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 chapted, or on an attachment with an address.