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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000024289 (6)

MARTINEZ-FONTS CUBAN HOLDINGS, INC.

FILED Sep 10 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address									
4929 S.W. 74TH MIAMI FL 3315		4929 S.W. 74TH CO MIAMI FL 33155-441									
						3. Date Incorporated or Qualified 03/11/1996	3a. Dat	e of Last	Report		
2. Principal P	lace of Business	2a. Mailing Addres	s			4. FEI Number			Applied For		
21		26				169-1672585		Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			5, Certificate of Status Desired	ficate of Status Desired \$8.75 Additional				
22		27				B. Certificate of Status Desired	Д	Fee F	Required		
City & State	Э	City & State				6. Election Campaign Financing		\$5.0	May Be		
13		28				Trust Fund Contribution	L. Added to Fees				
Zip	Country Zip		h	Country		8. This corporation has liability for intangible tax under s. 199.032,					
24	25 29 30 9, Name and Address of Current Registered Agent		30	·1		Florida Statutes Yes No 10. Name and Address of New Registered Agent					
			·	64	Mana	10. Name and Address of New Het	istered A	gent			
	REGISTERED AGENT CORPO	KATIUN		81	Name	4					
	2601 S. BAYSHORE DRIVE					82 Street Address (P.O. Box Number is Not Acceptable)					
	E 1600										
MIAN	AI FL 33133			83							
				84	City			85 Zir	Code		
					<i></i> ,		FL		, , , ,		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida	Statutes, the a	bove	named corp	poration submits this statement for the pition's board of directors. I hereby accep	urpose of	changing	its registered		
agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Fiorioa. Such change digations of, Section 607.05	o was authorize 105, Florida Sta	ia by tutes	tne corporat :.	tion's board of directors. I hereby accep	t the appo	intment a	s registered		
SIGNATURE		G							ļ		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NO1E: Registere	d Age	nt signature requi	red when reinstating)	DATE				
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	DRS IN 12		
TITLE	D	☐ DELE	TE 1.1 TI	TLE				Change	Addition		
NAME	MARTINEZ-FONTS, ALICIA		1.2 N	AME							
STREET ADDRESS	4929 S.W. 74TH COURT		1.3 S	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33155		1.4 C	ITY - ST	T- ZIP	`					
TITLE		☐ DELE	TE 2.1 TO	ITLE				Change	☐ Addition		
NAME			2.2 N	AME	1						
STREET ADDRESS			2.3 \$	TREET.	ADDRESS						
CITY-ST-ZIP			2.40	ITY - S	1-2IP						
TITLE		☐ DELE				 		Change	Addition		
NAME			3.2 N	AME					ľ		
STREET ADDRESS			3.3 S	TREET	ADDRESS						
CITY-ST-ZIP				ITY-S	ŀ						
TITLE		DELE						Change	Addition		
NAME			4. 2 N	IAME					Į		
SPACET ADDRESS			43.5	TREFT.	ADDRESS				1		
ICITY-ST-ZIP				ITY-SI					ļ		
TITLE		DEL E			· L"			Change	Addition		
NAME			5.2 N				Ì	. •			
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				ITY- \$1							
TITLE		DELE			I - CIT		-	Change	Addition		
NAME		ب المراد	6.2 N				•				
					*0000000						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 C	TY-\$1	I-ZIP						

14. I do 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 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 on an effectment with an address.