04-01-1999 90005 022 ** 550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750)

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 29 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082477
Corporation Name
CUBAN HUT INC.

Principal Place of Business	Mailing Address
HAYNES CIR [illegible] FL 32707	3983 HAYNES CIR CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1997

Principal Place of Business 26	2a. Mailing Address 27
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State 28
Zip / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3487511 ☐ 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

7. This corporation owes the current year Intangible Personal Property ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALL, CHARLES L.
409 MONTGOMERY RD.
STE. 141
LONGWOOD FL 32714

10. Name and Address of New Registered Agent

81 Name: Carlos A. Lantigua
82 Street Address (P.O. Box Number is Not Acceptable): 3983 Haynes Circle
83: Casselberry, Fl.
84 City: FL 85 Zip Code: 32707

Pursuant to the provisions of section 607.0502 and 607.1508, 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 accept the obligations of, section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P ☐ DELETE LANTIGUA, CARLOS 3983 HAYNES CIR. CASSELBERRY FL 32707	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
V ☒ DELETE PARRAMORE, WILLIAM 202 LOOKOUT CIR, #100 MAITLAND FL 32751	2.1 TITLE: V 2.2 NAME: MYRIAM A LANTIGUA 2.3 STREET ADDRESS: 3983 HAYNES CIRCLE 2.4 CITY-ST-ZIP: CASSELBERRY FL 32707 ☐ Change ☒ Addition
STV ☒ DELETE HALL, CHARLES L. 409 MONTGOMERY RD., STE. 141 ALTAMONTE SPRINGS FL 32714	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	6.1 TITLE 6.2 NAME: TS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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 attachment with an address.

SIGNATURE: [signature] C.P.
SIGNATURE AND TYPED OR PRINTED NAME OF BIONIME OFFICER OR DIRECTOR

Date: 8-27-99

Daytime Phone #: 407-695-1948

CR2E034 (5/99)