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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000009427

1. Corporation Name
CUBACANEY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
804 S.W. 25TH AVENUE SUITE 205 MIAMI F: 33135	804 S.W. 25TH AVENUE SUITE 205 MIAMI F: 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/29/1998

2. Principal Place of Business	2a. Mailing Address
21 807 S.W. 25 Avenue	26 807 S.W. 25 Avenue
Suite, Apt. #, etc. 22 208-A	Suite, Apt. #, etc. 27 208-A
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip / Country 24 33135 25 USA	Zip / Country 29 33135 30 USA

4. FEI Number: 65-0811613 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PATINO, FRANCISCO
1720 S.W. 32ND CT
MIAMI FL 33145

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	PATINO, FRANCISCO		1.2 NAME	LOURDES M. LOPEZ	
STREET ADDRESS	1720 S.W. 32ND CT.		1.3 STREET ADDRESS	2730 SW 34 Avenue	
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-ST-ZIP	Miami, Fl. 33133	
TITLE	SD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	RIVAS-PORTA, GUILLERMO		2.2 NAME	MANUEL LOPEZ	
STREET ADDRESS	1720 S.W. 32ND CT.		2.3 STREET ADDRESS	2728 SW 34 Avenue	
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	Miami, Fl. 33133	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, LOURDES M		3.2 NAME		
STREET ADDRESS	2730 S.W. 34TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (1/1/98)

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 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, with all other like empowered.

SIGNATURE: MANUEL LOPEZ-TREASURER Manuel Lopez 04-09-99 305-644-9160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #