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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90021 033 ***150.00

DOCUMENT #	P9800004	2724
Corporation Name	. 000000	

FIRST CUBAN AMERICAN TRAI)ING CORP.						
Principal Place of Business Mailing Address				01019 (101) (Bhin 1191) 6191 (88)			
1121 CRANDON BLVD. #F-1007 KEY BISCAYNE FL 33149 1121 CRANDON BLVD. #F-1007 KEY BISCAYNE FL 33149				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					05/12/1998		
Principal Place of Business 1	2a. Mailing Address				4. FEI Number 65 - 0838323	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc	3.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 25	Zip 29	Cou	ntry	-	This corporation owes the current year Int Personal Property Tax.	angible XYes □No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
PUIG, RAMON			81	Name			
1121 CRANDON BLVD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
#F-1007 KEY BISCAYNE FL 33149			83				
HET DISCRIPTE I'L COTTO			84	City	FL	<u> </u>	
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the control of the control	State of Florida, Such change:	was authorized	יעמיו	the comporation	oration submits this statement for the purpose of in's board of directors. I hereby accept the appoi	changing its registered ntment as registered	

agem. For	in teliminal trial, and doodpt the obligations of obstain so necessary.			•				
SIGNATURE Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS AND DIRECTORS IN 12				
TITLE	PSD DELETE	1.1 TITLE	☐ Change	Addition				
NAME	PUIG, RAMON	1.2 NAME						
STREET ADDRESS	1121 CRANDON BLVD.	1.3 STREET ADDRESS						
CITY-ST-ZIP	KEY BISCAYNE FL 33149	1.4 CITY-ST-ZIP	• -,					
TITLE	VD □ DEL£TE	2.1 TITLE	Change	☐ Addition				
NAME	PUIG, ILEANA	2.2 NAME		}				
STREET ADDRESS	1121 CRANDON BLVD.	2.3 STREET ADDRESS		ł				
CITY-ST-ZIP	KEY BISCAYNE FL 33149	2.4 CITY-ST-ZIP						
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition				
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CTTY-ST-ZIP		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 C/TY-ST-ZiP	· · · · · · · · · · · · · · · · · · ·					

I hereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplied that it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation of t

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF