

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S22595 (0)
 1. Corporation Name
VIA CUBA CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4178 W 12TH AVE HIALEAH FL 33012 US		4178 W 12TH AVE HIALEAH FL 33012 US	
21	22	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23	24	27	28
City & State		City & State	
29	30	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified
12/17/1990

4. FEI Number
65-0244445

5. Certificate 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

GONZALEZ, ELSA I.
2784 NW 4 TERRACE
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name **Maria L. Aparicio**

82 Street Address (P.O. Box Number is Not Acceptable)
1910 W 56 St # 3104

83

84 City **Hialeah** **FL** 85 Zip Code **33012**

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 *[Signature]* **04/17/98**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ELSA I.	
STREET ADDRESS	2784 NW 4TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	APARICIO, MARIA L.	
STREET ADDRESS	1910 W 56TH ST #3104	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Aparicio, Maria L.	
1.3 STREET ADDRESS	1910 W 56 St # 3104	
1.4 CITY-ST-ZIP	Hialeah, FL 33012	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Aparicio, Jesus J.	
2.3 STREET ADDRESS	1910 W 56 St # 3104	
2.4 CITY-ST-ZIP	Hialeah, FL 33012	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gonzalez, Elsa I.	
3.3 STREET ADDRESS	2784 NW 4th Terrace	
3.4 CITY-ST-ZIP	Miami, FL 33125	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* **04/17/98** **305-558-3750**

CR2E034 (10/97)