

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
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90022 044 ***150.00

DOCUMENT # S33717

1. Corporation Name

CUBA PACKS INTERNATIONAL, INC.

Principal Place of Business

26314 S.W. 126 CT.
HOMESTEAD FL 33032
US

Mailing Address

26314 S.W. 126 CT.
HOMESTEAD FL 33032
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

4. FEI Number

NOT APPLICABLE

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 9651 S.W. 123 AVENUE
Suite, Apt. #, etc.

22

City & State
23 MIAMI, FLORIDA

Zip Country
24 33186 25 USA

2a. Mailing Address

26 9651 S.W. 123 AVENUE
Suite, Apt. #, etc.

27

City & State
28 MIAMI, FLORIDA

Zip Country
29 33186 30 USA

9. Name and Address of Current Registered Agent

PADRON, GRACIELA
26314 S.W. 126 CT.
HOMESTEAD FL 33032

10. Name and Address of New Registered Agent

81 Name

GRACIELA PADRON

82 Street Address (P.O. Box Number is Not Acceptable)

9651 S.W. 123 AVENUE

83

84 City

MIAMI

FL

85 Zip Code
33186

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PADRON, GRACIELA
STREET ADDRESS 26314 S.E. 126 CT.
CITY-ST-ZIP HOMESTEAD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME GRACIELA PADRON
1.3 STREET ADDRESS 9651 S.W. 123 AVENUE
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33186

☒

Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐

Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐

Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐

Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐

Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐

Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

305-257-2191

CR2E034 (1/98)