

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S84015

(4)

1. Corporation Name

CUBA LIBRE PRODUCTS-MIAMI, INC.

Principal Place of Business

% DENNIS M CAMPBELL, P.A.
200 S BISCAYNE BLVD. STE 4500
MIAMI FL 33131

Mailing Address

% DENNIS M CAMPBELL, P.A.
200 S BISCAYNE BLVD. STE 4500
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1991

3a. Date of Last Report

07/18/1994

4. FEI Number

65-0286102

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CAMPBELL, DENNIS M, P.A.
% MERSON, SAWYER, JOHNSTON
200 S BISCAYNE BLVD, STE 4500
MIAMI FL 33131

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

[Signature]

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	VYELLA, CANDIDO J.	P O BOX 113529 N/A	MIAMI FL

13. ADDITIONAL CHANGES, DELETIONS, AND REMOVALS

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
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				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number