

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S84015 (4)

1. Corporation Name

CUBA LIBRE PRODUCTS-MIAMI, INC.

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 c/o DENNIS M CAMPBELL, P.A.		26 c/o DENNIS M CAMPBELL, P.A.		10/01/1991		07/26/1995	
22 Suite, Apt. #, etc. 1 SE THIRD AVE. 17th Floor		27 Suite, Apt. #, etc. 1 SE THIRD AVE. 17th Floor		4. FEI Number 65-0286102		Applied For Not Applicable	
23 City & State Miami, FL		28 City & State Miami, FL		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
24 Zip 33131		29 Zip 33131		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAMPBELL, DENNIS M, P.A. % MERSON, SAWYER, JOHNSTON THOMSON MURARO 200 S BISCAYNE BLVD. STE 4500 MIAMI FL 33131				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 607.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VIELLA, CANDIDO J.	1.2 NAME	
STREET ADDRESS	P O BOX 113529 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CANDIDO J. VIELLA

8/1/96

DATE

DATE OF FILING

65 9620196

CR2E034 (3/96)