FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **702100** **(9)**

1. Corporation Name

ASSOCIATION OF CUBAN CIVIL ENGINEERS IN EXILE, I NC.

Principal Place of Business	Mailing Address
3383 NW 7TH STREET SUITE 205 MIAMI FL 33125-4140	3383 NW 7TH STREET SUITE 205 MIAMI FL 33125-4140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1961**

3a. Date of Last Report: **08/30/1994**

4. FEI Number: **59-1268778** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LEON, FEDERICO J PE
8500 W. FLAGLER ST.
STE. #B-204
MIAMI FL 33144

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 _____ DATE

Typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required for mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEON, FEDERICO J PE	12 NAME	
STREET ADDRESS	8500 W. FLAGLER ST., #B-204	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33144	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	GARGANTA, ANDRES PE	22 NAME	
STREET ADDRESS	9933 S.W. 21ST ST.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33165	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	GARRIDO, JOSE PE	32 NAME	
STREET ADDRESS	8000 S.W. 37TH TERRACE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33155	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	VILLANVEVA, PLINIO PE	42 NAME	
STREET ADDRESS	1821 S.W. 88TH AVE.	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33165	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	URRECHAGA, ALBERTO PE	52 NAME	
STREET ADDRESS	7751 S.W. 146 RD.	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33183	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GARCIA, JORGE E PE	62 NAME	
STREET ADDRESS	14721 DADE PINE AVE.	63 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL 33014	64 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)(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 is attached with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Federico J. Leon - President

Date: 04/24/95

Daytime Phone #: (305) 649-7429

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