

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # 730567**  
1 Corporation Name  
**CUBAN AMERICAN BAR ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2121 SW 3 Avenue, #400  
Miami, FL**

21 Principal Place of Business **710 S. Dixie Highway**  
22 Suite, Apt. #, etc.  
23 City & State **Coral Gables, FL**  
24 Zip **33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **8-29-74** 3a. Date of Last Report **10-24-94**

4. FEI Number **59-2512094** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Maria Medel, Esq.  
6780 Coral Way, Suite 200  
Miami, FL 33155**

10. Name and Address of New Registered Agent  
81 Name **Fernando S. Aran**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **710 South Dixie Highway**  
84 City **Coral Gables** FL 85 Zip Code **33146**

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 **Fernando S. Aran 6/7/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDE	NAME Alvarez, Arturo	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2121 SW 3 Ave., #400	CITY - ST - ZIP Miami, FL	1.2 NAME Aran, Fernando S.	
		1.3 STREET ADDRESS 710 South Dixie Highway	
		1.4 CITY - ST - ZIP Coral Gables, FL 33146	
TITLE PD	NAME Marin, Tony	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1531 NW 13 Ct.	CITY - ST - ZIP Miami, FL	2.2 NAME Perez, Luis N.	
		2.3 STREET ADDRESS 224 Palermo Avenue	
		2.4 CITY - ST - ZIP Coral Gables, FL 33134	
TITLE SD	NAME Cosio, Eduardo	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 200 S. Biscayne Blvd., #3500	CITY - ST - ZIP Miami, FL	3.2 NAME Arango, Jacqueline	
		3.3 STREET ADDRESS 99 NE 4 Street	
		3.4 CITY - ST - ZIP Miami, FL 33132	
TITLE TD	NAME Medel, Maria	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6780 Coral Way, Suite 200	CITY - ST - ZIP Miami, FL 33155	4.2 NAME	
		4.3 STREET ADDRESS	<b>700001517287</b>
		4.4 CITY - ST - ZIP	<b>-06/20/95--01047--011</b>
			<b>****163.75 ****163.75</b>
TITLE VD	NAME Perez, Abrew	5.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 901 Ponce de Leon Blvd.	CITY - ST - ZIP Coral Gables, FL	5.2 NAME Cosio, Eduardo	
		5.3 STREET ADDRESS 200 S. Biscayne Blvd., #3500	
		5.4 CITY - ST - ZIP Miami, FL 33131	
TITLE VD	NAME Aran, Fernando	6.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 710 South Dixie Highway	CITY - ST - ZIP Coral Gables, FL 33146	6.2 NAME Marrero, Oscar	
		6.3 STREET ADDRESS 2801 Ponce de Leon Blvd.	
		6.4 CITY - ST - ZIP Coral Gables, FL 33134	

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 110.07(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: **Fernando S. Aran, President/Director** Date **6/7/95** Daytime Phone # **305/665-3400**

**ATTACHMENT TO CORPORATION ANNUAL REPORT - 1995  
CUBAN AMERICAN BAR ASSOCIATION, INC.  
ADDITIONAL DIRECTORS**

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D  
Alvarez, Arturo  
2151 S.W. LeJeune Road, Suite 202  
Coral Gables, FL 33134

D  
Bouza, Margarita  
2151 S.W. LeJeune Road, Suite 202  
Coral Gables, FL 33134

D  
Lombana, Hector  
2665 S. Bayshore Drive, Ph 1  
Miami, FL 33133-5401

D  
Martinez, Percy  
State Attorney's Office  
1350 N.W. 12th Avenue  
Miami, FL 33136

DV  
Mendez, Sergio  
901 Ponce de Leon Boulevard  
Coral Gables, FL 33134-3073

D  
Pereyra-Shuminer, Cristina  
Public Defender's Office  
1320 N.W. 14 Street  
Miami, FL 33125

D  
Perez-Abreu, Javier  
901 Ponce de Leon Boulevard  
Coral Gables, FL 33134

D  
Rodriguez, Javier  
2655 LeJeune Road, Suite 805  
Coral Gables, FL 33134

D  
Soto, Osvaldo  
2151 LeJeune Road, Suite 310  
Coral Gables, FL 33134