

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # 730567 (5)

CUBAN AMERICAN BAR ASSOCIATION, INC.



Principal Place of Business: 710 S. DIXIE HIGHWAY CORAL GABLES FL 33146
Mailing Address: 710 S. DIXIE HIGHWAY CORAL GABLES FL 33146

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 224 Palermo Avenue		26 224 Palermo Avenue		08/29/1974	06/16/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Coral Gables, FL		28 Coral Gables, FL		59-2512094	Not Applicable
24 Zip 33134	25 Country Dade	29 Zip 33134	30 Country Dade	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ARAN, FERNANDO S 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146				81 Name Luis N. Perez	
				82 Street Address (P.O. Box Number is Not Acceptable) 224 Palermo Avenue	
				83	
				84 City Coral Gables FL 85 Zip Code 33134	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 4/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ARAN, FERANDO	1.1 TITLE: PD	1.1 NAME: Luis N. Perez
STREET ADDRESS: 710 SOUTH DIXIE HIGHWAY	CITY-ST-ZIP: CORAL GABLES FL 33146	1.2 NAME:	1.2 STREET ADDRESS: 224 Palermo Avenue
TITLE: D	NAME: PEREZ, LUIS N	1.3 STREET ADDRESS: Coral Gables, Florida	1.3 CITY-ST-ZIP: 33134
STREET ADDRESS: 224 PALERMO AVENUE	CITY-ST-ZIP: CORAL GABLES FL 33134	2.1 TITLE: D	2.1 NAME: Eduardo Cosio
TITLE: SD	NAME: ARANGO, JACQUELINE	2.2 STREET ADDRESS: 200 S. Biscayne Boulevard, #3500	2.2 CITY-ST-ZIP: Miami, Florida 33131
STREET ADDRESS: 99 NE 4TH STREET	CITY-ST-ZIP: MIAMI FL 33132	2.3 TITLE: SD	2.3 NAME: William Garcia
TITLE: TD	NAME: MEDEL, MARIA	2.4 STREET ADDRESS: 306 Alcazar Avenue, #302	2.4 CITY-ST-ZIP: Coral Gables, Florida 33134
STREET ADDRESS: 6780 CORAL WAY, 1ST FLOOR	CITY-ST-ZIP: MIAMI FL	3.1 TITLE: VD	3.1 NAME: Sergio L. Mendez
TITLE: VD	NAME: COSIO, EDUARDO	3.2 STREET ADDRESS: 901 Ponce de Leon Boulevard	3.2 CITY-ST-ZIP: Coral Gables, FL 33134-3073
STREET ADDRESS: 200 S. BISCAYNE BLVD. #3500	CITY-ST-ZIP: MIAMI FL 33131	4.1 TITLE: VD	4.1 NAME: Oscar Marrero
TITLE: VD	NAME: ARAN, FERNANDO	4.2 STREET ADDRESS: 2801 Ponce de Leon Boulevard	4.2 CITY-ST-ZIP: Coral Gables, Florida 33134
STREET ADDRESS: 710 S. DIXIE HWY.	CITY-ST-ZIP: CORAL GABLES FL	5.1 TITLE: VD	5.1 NAME: Oscar Marrero
		5.2 STREET ADDRESS: 2801 Ponce de Leon Boulevard	5.2 CITY-ST-ZIP: Coral Gables, Florida 33134

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption under Section 19.57(b)(4), 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]* DATE: 4/15/96 DAYTIME PHONE: 225-442-1810

CR2E037 (12/95)