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Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 730567 (5)  
1. Corporation Name

CUBAN AMERICAN BAR ASSOCIATION, INC.



Principal Place of Business: 224 PALERMO AVENUE, CORAL GABLES FL 33134, US  
Mailing Address: 224 PALERMO AVE, CORAL GABLES FL 33134-6806, US

3. Date Incorporated or Qualified: 08/29/1974  
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business: 21 200 S. Biscayne Blvd, Suite, Apt. #, etc. #800, City & State Miami, FL, Zip 33131, Country USA  
2a. Mailing Address: 26 200 S. Biscayne Blvd, Suite, Apt. #, etc. #800, City & State MIAMI, FL, Zip 33131, Country USA

4. FEI Number: 59-2512094  
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  
LUIZ N. PEREZ  
224 PALERMO AVE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name: EDUARDO COSIO  
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd #800  
83  
84 City: miami, FL 85 Zip Code: 33131

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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LUIZ N. PEREZ	1.1 TITLE: PD	NAME: EDUARDO COSIO
STREET ADDRESS: 224 PALERMO AVE	CITY-ST-ZIP: CORAL GABLES FL	1.2 NAME: EDUARDO COSIO	1.3 STREET ADDRESS: 200 S. Biscayne Blvd #800
		1.4 CITY-ST-ZIP: MIAMI, FL 33131	
TITLE: D	NAME: EDUARDO COSIO	2.1 TITLE: D	NAME: HECTOR LONGANA
STREET ADDRESS: 200 S BISCAYNE BLVD #3500	CITY-ST-ZIP: MIAMI FL	2.2 NAME: HECTOR LONGANA	2.3 STREET ADDRESS: MIAMI, FL
		2.4 CITY-ST-ZIP: MIAMI, FL	
TITLE: SD	NAME: WILLIAM GARCIA	3.1 TITLE: SD	NAME: SOME
STREET ADDRESS: 308 ALCAZAR AVE #302	CITY-ST-ZIP: CORAL GABLES FL	3.2 NAME: SOME	3.3 STREET ADDRESS: SOME
		3.4 CITY-ST-ZIP: SOME	
TITLE: TD	NAME: MEDEL, MARIA	4.1 TITLE: TD	NAME: CHRISTINA PEREYRA SHUMINGE
STREET ADDRESS: 8780 CORAL WAY, 1ST FLOOR	CITY-ST-ZIP: MIAMI FL	4.2 NAME: CHRISTINA PEREYRA SHUMINGE	4.3 STREET ADDRESS: MIAMI, FL
		4.4 CITY-ST-ZIP: MIAMI, FL	
TITLE: VD	NAME: SERGIO L. MENDEZ	5.1 TITLE: VD	NAME: SOME
STREET ADDRESS: 901 PONCE DE LEON BLVD	CITY-ST-ZIP: CORAL GABLES FL	5.2 NAME: SOME	5.3 STREET ADDRESS: SOME
		5.4 CITY-ST-ZIP: SOME	
TITLE: VD	NAME: OSCAR MARRERO	6.1 TITLE: VD	NAME: SOME
STREET ADDRESS: 2801 PONCE DE LEON BLVD	CITY-ST-ZIP: CORAL GABLES FL	6.2 NAME: SOME	6.3 STREET ADDRESS: SOME
		6.4 CITY-ST-ZIP: SOME	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

6/19/97  
PK [Signature] 6/19/97