	PLEASE READ PLICATION FOR STATEMENT	FLORID	RUCTIONS A DEPARTMEN Sandra B. Mort Secretary of S VISION OF CORPOR	NT OF STATE tham tate	1		RM.	
DOCUMENT # 730567					98 DEC - 1 AM 9: 45			
1. Corporation Name					SECRETARY OF STATE			
CUBAN AMERICAN BAR ASSOCIATION, INC.					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
•	ace of Business	Mailing Address			1 1 1 1 1 1 1 1 1 1	B FORTO MARKA NOTE ATORE (A.A.) SO	: I Dit direti stata dibit dibit dibit shati sheki	
200-S. BISC #800			200 S. BISCAYNE BLVD* -#900					
		MIAMI-FE-991	151-31-					
If above addresses are incorrect in any way, line through Incorrect information					Kein3	IAILME	N V	
901 Ponce de Leon #304 901.			TOTICE CASE WATER		4. Date Incorports To Do Busin	orated or Qualified ness in Florida	08/29/1974	
Suite, Apt. #	al Gables, FL		etc. 21 Gables	. T L.	5. FEI Number	59-2512094	Applied For	
33134 USA		City & State		USA	6.	39 23 12094	Not Applicable	
Zip	Country	Zip	Country			OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/ Name of Officers	or Director (Flo		tions must list at lea et Address of Each		1		
Title(s) 1	Title(s) and/or Directors			Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip	
PD COSIO, EDUARDO -			200 S. BISCAYNE	BLVD		MIAMI FE 33131		
Z	LOMBANA, HECTOR Eugenio Hernande	200 S. BISCAYNE BLVD 1401 Brickel #300			MIAMI FL 33131 Miami, FL 33131			
90	WILLIAM GARCIA	306 ALCAZAR AVE #302			CORAL GABLES FI			
<u>30</u>				1005.6.257 ====================================			L 3313)	
TD			2005. Biscome Blod. 2000			MIAMI FL 33131 - 413441, F	上 3313]	
AD 独	SERGIO L. MENDEZ	901 PONCE DE LEON BLVD おろり			CORAL GABLES FI	L 33134		
VD	OSCAR MARRERO	2801 PONCE DE LEON BLVD			CORAL GABLES FL 33134			
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent Name				
COSIO, EDUARDO				Stere Address (P.O. Box Number is Not Acceptable)				
6	BISCAYNE BLVD		901 Po	nce de Leon #304				
#800 MIAMI FL 33131				Suite, Apt. #, Etc. Gables, FL 33134				
City					State Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent REGISTERED AGENT MUST SIGN FIDE OF THE PROPERTY								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. *****235.25 (See other side for information on intangible tax.)								
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(I), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deader 1/20/98 6433850 Daylime Phone #								