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**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90080 042 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730567**

1. Corporation Name  
**CUBAN AMERICAN BAR ASSOCIATION, INC.**

Principal Place of Business 901 PONCE DE LEON #304 CORAL GABLES FL 33134 US	Mailing Address 901 PONCE DE LEON #304 CORAL GABLES FL 33134 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date, Incorporated or Qualified 08/29/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2512094
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  MENDEZ, SERGIO L 901 PONCE DE LEON #304 CORAL GABLES FL 33134	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, EUGENIO 1401 BRICKELL #300 MIAMI FL 33131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Michael Diaz, VD 100 S.E. 2. ST. #340 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, MICHAEL 100 S.E. 35TH STREET, #3400 MIAMI FL 33131	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Otto de Cordoba, VD 2655 S. Bayshore Dr. #204 Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ-CASTRO, CORALI 200 S. BISCAYNE BLVD., #2800 MIAMI FL 33131	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Carlos Fernandez, Sec. 1320 S. Dixie Highway #1000 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDEZ, SERGIO L 901 PONCE DE LEON BLVD. #304 MIAMI FL 33134	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Richard Kuper, TD 1 S.E. 2 AVE #200 Miami, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARRERO, OSCAR 2801 PONCE DE LEON BLVD. CORAL GABLES FL 33134	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Sergio L Mendez 1-19-99 (305) 643-3850  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)