

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90073 031 \*\*\*\*70.00

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

Principal Place of Business  
**2801**  
~~453~~ **PONCE DE LEON #304 9 FL**  
**CORAL GABLES FL 33134**  
 US

Mailing Address  
~~2801~~  
~~654~~ **PONCE DE LEON #304 9 FL**  
**CORAL GABLES FL 33134-3073**  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**59-2512094**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MENDEZ, SERGIO L**  
**901 PONCE DE LEON #304**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Delete <b>DIAZ, MICHAEL</b> <b>100 SE 2 ST #300</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Delete <b>CORDOBA, OTTO DE</b> <b>2655 S BAYSHORE DR #204</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>FERNANDEZ, CARLOS</b> <b>1320 S DIXIE HWY #1000</b> <b>CORAL GABLES FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>KUPER, RICHARD</b> <b>1 SE 2 AVE #200</b> <b>MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>MARRERO, OSCAR</b> <b>2801 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>MENDEZ, SERGIO L</b> <b>901 PONCE DE LEON BLVD., STE.304</b> <b>CORAL GABLES FL 33134</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Diaz, Victor</b> <b>25 W. Flagler St. #800</b> <b>Miami, FL 33130</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hernandez, Eugenio</b> <b>701 Brickell Ave. #3000</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>226 E. Flagler St. #200</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Past President</b>

12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **1/3/00 305-643-3850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (9/99)