

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

1995

5-1-95 B-7038-2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:27

DOCUMENT # 753395 (3)

1. Corporation Name
**CUBAN AMERICAN CERTIFIED PUBLIC ACCOUNTANTS ASSO
CIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 442061 MIAMI FL 33144	PO BOX 442061 MIAMI FL 33144

3. Date Incorporated or Qualified 07/18/1980	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2034297	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

QUINCOCES-FERNANDEZ, GUILLERMO
100 SE 2 ST
SUITE 3600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	ILEANA M. VALDES
82 Street Address (P.O. Box Number is Not Acceptable)	ONE BISCAYNE TOWER # 2900
83	Suite 2900
84 City	MIAMI
85 Zip Code	FL 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Ileana M. Valdes* DATE **4/18/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nonexisting)

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	REYES, JORGE L
STREET ADDRESS	7171 SW 24 ST, STE #219
CITY-ST-ZIP	MIAMI FL
TITLE	VI
NAME	GONZALES, RICARDO
STREET ADDRESS	5959 BLUE LAGOON DR
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	PADRO, JOSE
STREET ADDRESS	10530 NW 26 ST, STE #F202
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	VALDES, ILEANA
STREET ADDRESS	ONE BISCAYNE TOWER #2900
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	ALVAREZ, MIGUEL
STREET ADDRESS	7105 SW 8 ST, STE #308
CITY-ST-ZIP	MIAMI FL
TITLE	P
NAME	QUINCOCES, FERNANDEZ G
STREET ADDRESS	100 SE 2 ST SUITE #3600
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gloria Lopez
1.3 STREET ADDRESS	782 NW 42 Ave # 650
1.4 CITY-ST-ZIP	Miami, FL 33126
2.1 TITLE	Vice-treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jorge Salgueiro
2.3 STREET ADDRESS	25 SE 2 Ave. # 220
2.4 CITY-ST-ZIP	Miami, FL 33131
3.1 TITLE	Vice-President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Roberto Rivas
3.3 STREET ADDRESS	N/A
3.4 CITY-ST-ZIP	
4.1 TITLE	President-Elect D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jose Padro
4.3 STREET ADDRESS	10530 NW 26St # F202²⁰³
4.4 CITY-ST-ZIP	Miami, FL 33172-2160
5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Miguel Alvarez
5.3 STREET ADDRESS	7105 SW 8 St # 308
5.4 CITY-ST-ZIP	Miami, FL 33144
6.1 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ileana M. Valdes
6.3 STREET ADDRESS	One Biscayne Tower # 2900
6.4 CITY-ST-ZIP	Miami, FL 33131

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 force and effect as 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 417, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ileana M. Valdes* *Gloria Lopez* **REMITTED BY MAIL 4/18/95 (305) 220-3771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR