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Mar 04 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753395 (3)

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

Principal Place of Business PO BOX 442061 MIAMI FL 33144	Mailing Address PO BOX 442061 MIAMI FL 33144
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3. Date Incorporated or Qualified 07/18/1980	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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4. FEI Number 59-2034297	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VALDES, ILEANA M
 ONE BISACZYNE TOWER
 STE 2900
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name JOSE F. PADRO, CPA
82 Street Address (P.O. Box Number is Not Acceptable) 10556 N.W. 26th St
83 Suite Suite 203
84 City Miami
85 State FL
86 Zip Code 33172

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: *Jose F. Padro* **Jose F. Padro, CPA**
 (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	Y	<input type="checkbox"/> DELETE
NAME	LOPEZ, GLORIA	
STREET ADDRESS	782 NW 42ND AVE 650	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SALGUERO, JORGE	
STREET ADDRESS	25 SE 2ND AVE 220	
CITY-ST-ZIP	MIAMI FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	PADRO, JOSE	
STREET ADDRESS	10530 NW 26 ST, STE #F202	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALDES, ILEANA	
STREET ADDRESS	ONE BISCAYNE TOWER #2900	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALVAREZ, MIGUEL	
STREET ADDRESS	7105 SW 8 ST, STE #308	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Julio Cabrera	
1.3 STREET ADDRESS	39 N.E. 166St #5 and 7	
1.4 CITY-ST-ZIP	North Miami Beach, FL 33169	
2.1 TITLE	Vice-Treasurer/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Margarita P. Muina	
2.3 STREET ADDRESS	999 Brickell Ave. # 1006	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE	President-Elect/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jorge Salgueiro	
3.3 STREET ADDRESS	1001 S Bayshore Dr. #2504	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE	President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jose F. Padro	
4.3 STREET ADDRESS	10556 N.W. 26 St # 203	
4.4 CITY-ST-ZIP	Miami, FL 33172-2160	
5.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Alicia P. Gilman	
5.3 STREET ADDRESS	One Biscayne Tower #2100	
5.4 CITY-ST-ZIP	Miami, FL 33131	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

\$ deposited by bank 3/27/96

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 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.

SIGNATURE: *Julio Cabrera* **Julio Cabrera, CPA** **1/27/96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone **(305) 940-0855**

CP2E037 (12/95)