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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ASSOCIATION, INC.

Principal Place of Business 8500 W. FLAGLER ST SUITE B-208 MIAMI FL 33144 US	Mailing Address P.O. BOX 442061 PO BOX 442061 MIAMI FL 33144 US
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3. Date Incorporated or Qualified
07/18/1980

4. FEI Number 59-2034297	Applied For Not Applicable
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2. Principal Place of Business 21 8500 W. Flagler St Suite, Apt. #, etc. 22 Suite B-208 City & State 23 Miami FL Zip 24 33144	2a. Mailing Address 26 P.O. Box 442061 Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33144 Country 30 U.S.A.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SALGUEIRO, JORGE C
1001 S. BAYSHORE DR
SUITE 2104
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name ARMANDO VIZCAINO, CPA
82 Street Address (P.O. Box Number is Not Acceptable) 101 Madeira Ave.
83
84 City Coral Gable
85 Zip Code FL 33134

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	TD CABRERA, JULIO 39 N.W. 166TH ST., #5 & 7 MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUEZ, JUAN C 1001 S. BAYSHORE DR., #2502 MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALGUEIRO, JORGE C 1001 S. BAYSHORE DR., #2104 MIAMI FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED VIZCANINO, ARMANDO C 1000 BRICKELL AVE., #900 MIAMI FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILMAN, ALICIA P CPA 3655 LE JEUNE RD., #502 MIAMI FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AGUIRRE-GUERRA, MIRTHA C 1000 BRICKELL AVE., #642 MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Treasurer/D Cabrera Julio 6365 Taft St Ste 3003 Hollywood, Fl 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Vice-Treasurer/D Rodriguez Juan 1001 S. Bayshore Dr # 2502 Miami, Fl 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President /D Armando Vizcaino 101 Madeira Ave Coral Gables, Fl 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President-Elect/D Frank Gonzalez One Biscayne Tower #2900 Miami, Fl 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary /D Benigno Pazos 7650 N.W. 25th St Miami, Fl 33122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice-President /D Guerra-Aguirre, Mirtha 1000 Brickell Ave #642 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: JULIO C. CABRERA, TREASURER 12/7/98 (954)981-7940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E087 (10/97)