

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12817 (5)

1. Corporation Name

THE CUBAN AMERICAN BAR FOUNDATION, INC.



Principal Place of Business Mailing Address
MURAI,WALD.BIONDO.MATTHEWS & MORENO.PA **MURAI,WALD.BIONDO.MATTHEWS & MORENO.PA**
25 S.E. 2ND AVE..#900 **25 S.E. 2ND AVE..#900**
MIAMI FL 33131 **MIAMI FL 33131**

3. Date Incorporated or Qualified **01/02/1986** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0007784** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ-QUINCOCES, GUILLERMO J.
2 SOUTH BISCAYNE BLVD
STE 3400
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	DEL PINO, ROGELIO
STREET ADDRESS	1835 W. FLAGLER ST, STE 201
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CRESPO, MANUEL
STREET ADDRESS	2701 PONCE DE LEON BLVD, STE 302
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VILLALOBOS, JOSE
STREET ADDRESS	2350 CORAL WAY, STE 202
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANGONES, FRANCISCO
STREET ADDRESS	66 W. FLAGLER ST, 9TH FLOOR
CITY - ST - ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MURAI, RENE
STREET ADDRESS	900 INGRAM BLDG
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GAMBA, TOMAS
STREET ADDRESS	2151 LEJEUNE RD, STE 300
CITY - ST - ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **President** **2/21/96** **(305) 358-5900**

CR2E037 (12/95)