FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

MITRALWALD RICHOLD MATTHEWS & MORENO PA

appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

MIJOAI WALD BIONDO MATTHEWS & MODENO DA

DOCUMENT # N12817

(5)

Mailing Address

THE CUBAN AMERICAN BAR FOUNDATION, INC.

25 S.E. 2ND AVE. #900 MIAMI FL 33131		25 S.E. 2ND AVE. #900 MIAMI FL 33131-1679			HENO.FK				
						3. Date Incorporated or Qualified 01/02/1986	3a. Date of Last R 03/06/19		
2. Principal P	2a. Mailing Address	ailing Address			4. FEI Number 65-0007784	 	oplied For		
Suite, Apt.	# atc	Suite, Apt. #, etc.				05'0007764		ot Applicable	
22	w, etc.	27				5. Certificate of Status Desired		Additional equired	
City & Stat	e	City & State				& Floation Compaign Financing			
23		28				6. Election Campaign Financing Trust Fund Contribution	00.5\$ □	May Be to Fees	
Zip	Country	Zip	Cc	ountry		8. This corporation has liability for i			
24	25	29	30				Yes No	100.002,	
	9. Name and Address of Current	Registered Agent		Ι.,		10. Name and Address of New Re	gistered Agent		
					81 Name				
FERNANDEZ-QUINCOCES, GUILLERMO J.					Street Add	Address (P.O. Box Number is Not Acceptable)			
2 SOUTH BISCAYNE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)					
* STE 3400				83					
MIAMI FL 33131				84 City 85 Z			95 7in i	Code	
<u> </u>					•	FL Tr Tr			
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 a	im familiar with, and accept the obligati	ions of, Section 617.0503, Fk	orida Sta	eu by atutes	тпе согрога 3.	ation's board or directors. I hereby accep	t the appointment as	registerea	
SIGNATURE									
	Signature, typnd or printed name of registered agent				nt signature requ	ured when reinstating)	DATE		
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFIC			
TITLE	D DELETE			1.1 TITLE			Change		
NAME				1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	DELETE		CAY-S	T-ZIP			[] A 2 800	
TITLE NAME	D COECOO MANUEL	וון טכננונ		TITLE			Change	Addition	
	CRESPO, MANUEL REMOVED PURSUANT TO 119.	07/2\/I\0 E.C	2.2 N						
STREET ADDRESS	NEMOVED FURSUAIN 10 115.	07(3)(1)2, F.S.		2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	D DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE			Change	Addition	
NAME	VILLALOBOS, JOSE			3.2 NAME			L Criange	☐ Addition	
STREET ADDRESS	2350 CORAL WAY, STE 202				ADDOCCO				
CITY-ST-ZIP	MIAMI FL			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
THLE	D DELETE			4.1 TITLE			Change	Addition	
NAME	INCONTO FORMOIOCO			NAME				had rigotion	
STREET ADDRESS	AA 11 F1 401 F0 67 AT1 F1 665			4.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL							,	
THILE				4.4 CITY - ST - ZIP 5.1 TITLE			Change	☐ Addition	
NAME	MADAL BELIE			NAME					
STREET ADDRESS	900 INGRAM BLDG				ADDRESS				
CITY-ST-ZIP	MIAMI FL			CITY-SI					
TITLE			TITLE		······································	Change	☐ Addition		
NAME	GAMBA, TOMAS		6.21	NAME	-				
STREET ADDRESS	2151 LEJEUNE RD, STE 300		635	STREET	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		6.4 0	CITY-SI	r-ZIP				
14. I do hereb	by certify that the information supplied	with this filing does not qualit	v for the	A CYAI	motion state	d in Section 119.07(3)(i), Florida Statutes	I further certify that	the	
I am an oi	fricer or director of the corporation or the	ne receiver or trustee empow	ered to	exect	ute this repo	at my signature shall have the same legal ort as required by Chapter 617, Florida St	ellect as it made und atutes; and that my r	aer oain; inat ame	