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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12817

1. Corporation Name
THE CUBAN AMERICAN BAR FOUNDATION, INC.

Principal Place of Business MURAI.WALD.BIONDO.MATTHEWS & MORENO.PA 25 S.E. 2ND AVE..#900 MIAMI FL 33131	Mailing Address MURAI.WALD.BIONDO.MATTHEWS & MORENO.PA 25 S.E. 2ND AVE..#900 MIAMI FL 33131
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/02/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0007784
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent FERNANDEZ-QUINCOCES, GUILLERMO J. 2 SOUTH BISCAYNE BLVD STE 3400 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL PINO, ROGELIO	1.2 NAME	
STREET ADDRESS	1835 W. FLAGLER ST, STE 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO, MANUEL	2.2 NAME	
STREET ADDRESS	REMOVED PURSUANT TO 119.07(3)(f)2, F.S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	*****	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLALOBOS, JOSE	3.2 NAME	
STREET ADDRESS	2350 CORAL WAY, STE 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGONES, FRANCISCO	4.2 NAME	
STREET ADDRESS	66 W. FLAGLER ST. 9TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURAI, RENE	5.2 NAME	
STREET ADDRESS	900 INGRAM BLDG	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBA, TOMAS	6.2 NAME	
STREET ADDRESS	2451 LEJEUNE RD, STE 300	6.3 STREET ADDRESS	2701 Ponce de Leon Blvd.
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134

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, with all other like empowered.

SIGNATURE: _____ DATE: 1/13/99 305-358-1900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
Signature required when reinstating

CR2E037 (11/98)