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Feb 12 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 # **N94000000576 (8)**

1. Corporation Name

INTERNATIONAL INSTITUTE OF CUBAN LAWYERS, INC.

Principal Place of Business

Mailing Address

**250 CATALONIA AVE., #400
CORAL GABLES FL 33134**

**250 CATALONIA AVE., #400
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

02/04/1994

4. FEI Number

65-0489315

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**

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

10. Name and Address of New Registered Agent

**VALDES-FAULI, RAUL E
SUITE 3400 - ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD.
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]
Signature, with printed name, of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

1/5/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D/T
NAME
GUILEN, JOSE L
STREET ADDRESS
250 CATALONIA AVE., #400
CITY-ST-ZIP
CORAL GABLES FL 33134**

TITLE ☐ DELETE

**D/P
NAME
SANABRIA, SILVIO S
STREET ADDRESS
300 GALEN DR., #406
CITY-ST-ZIP
KEY BISCAYNE FL 33149**

TITLE ☐ DELETE

**D/VP
NAME
LLAGUNO, PEDRO P
STREET ADDRESS
2050 CORAL WAY, #303
CITY-ST-ZIP
MIAMI FL 33145**

TITLE ☐ DELETE

**D/VT
NAME
LARRAZABAL, MARTA C
STREET ADDRESS
1225 S.W. 197 AVE., #526
CITY-ST-ZIP
MIAMI FL 33174**

TITLE ☐ DELETE

**D/S
NAME
VALDES-FAULI, RAUL E
STREET ADDRESS
2 S. BISCAYNE BLVD., #3400
CITY-ST-ZIP
MIAMI FL 33131**

TITLE ☐ DELETE

**D/VS
NAME
SILVERO, JOSE LOPEZ
STREET ADDRESS
9682 FONTAINEBLEAU BLVD., #404
CITY-ST-ZIP
MIAMI FL 33172**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 from an appointment with an address.

SIGNATURE:

[Signature]
TREASURER

1-5-98

(305) 444 2453

CP2E037 (10/97)