

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:10

DOCUMENT # N94000004330 (6)

1. Corporation Name

CUBAN LEGAL ALLIANCE, INC.

Principal Place of Business

Mailing Address

BERMUDEZ & CABRERA
2100 CORAL WAY
MIAMI FL 33145

BERMUDEZ & CABRERA
2100 CORAL WAY
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/25/1994** 3a. Date of Last Report **N/A**

4. FEI Number **65-0518678** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **777 Brickell Avenue**

26 **777 Brickell Avenue**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. **1114**

Suite, Apt. #, etc. **Suite 1114**

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

City & State **Miami, FL**

City & State **Miami, FL**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

Zip **33131** Country **USA**

Zip **33131** Country **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERMUDEZ & CABRERA
2100 CORAL WAY
MIAMI FL 33145

B1 Name **Jay R. Tome, Esq.**
B2 Street Address (P.O. Box Number is Not Acceptable) **777 Brickell Avenue**
B3 **Suite 1114**
B4 City **Miami** FL B5 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Jay R. Tome, Esq.** **Jay R. Tome** **5-2-95**
Signature, typed or printed name of registered agent and into if acceptable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BERMUDEZ, JUAN C**
STREET ADDRESS **% 2100 CORAL WAY**
CITY - ST - ZIP **MIAMI FL 33145**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS **777 Brickell Avenue, Suite 1114**
14 CITY - ST - ZIP **Miami, FL 33131**

TITLE **D**
NAME **TOME, JAY**
STREET ADDRESS **% 2100 CORAL WAY**
CITY - ST - ZIP **MIAMI FL 33145**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS **777 Brickell Avenue, Suite 1114**
24 CITY - ST - ZIP **Miami, FL 33131**

TITLE **D**
NAME **CABRERA, ORLANDO**
STREET ADDRESS **% 2100 CORAL WAY**
CITY - ST - ZIP **MIAMI FL 33145**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **D**
NAME **LOPEZ, ROSA**
STREET ADDRESS **% 2100 CORAL WAY**
CITY - ST - ZIP **MIAMI FL 33145**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS **777 Brickell Avenue, Suite 1114**
44 CITY - ST - ZIP **Miami, FL 33131**

TITLE **D**
NAME **DEL CRISTO, CHRISTINA**
STREET ADDRESS **C/O 2100 CORAL WAY**
CITY - ST - ZIP **MIAMI FL 33145**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS **777 Brickell Avenue, Suite 1114**
54 CITY - ST - ZIP **Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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, or on an attachment with an address.

SIGNATURE: **Jay R. Tome** **Jay R. Tome** **5-2-95** **(305) 373-6400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Print Name)