


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # N97000004232 (1)
 1. Corporation Name
CUBAN AMERICAN INSTITUTE CORP

| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business 1951 SW 62 AVE MIAMI FL 33155 | Mailing Address 1951 SW 62 AVE MIAMI FL 33155 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

| | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 07/25/1997 | |
| 4. FEI Number 65-0769684 | Applied For <input type="checkbox"/> Not Applicable |
| 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**TUDELA, MIGUEL A
 1951 SW 62 AVE
 MIAMI FL 33155**

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

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 *Miguel A. Tudela* **MIGUEL A. TUDELA** DATE **4-29-1998**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE S-D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME TUDELA, MIGUEL ANGEL | | 1.2 NAME RAFAEL BARBA | |
| STREET ADDRESS 1951 SW 62 AVE | | 1.3 STREET ADDRESS 8390 N.W. 53rd St. #200 | |
| CITY-ST-ZIP MIAMI FL 33155 | | 1.4 CITY-ST-ZIP MIAMI, FL. 33146 | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE T-D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME GONZALEZ, FELIPE | | 2.2 NAME JOHNNY VISO | |
| STREET ADDRESS 1951 SW 62 AVE | | 2.3 STREET ADDRESS 3470 S.W. 113 PL | |
| CITY-ST-ZIP MIAMI FL 33155 | | 2.4 CITY-ST-ZIP MIAMI FL 33165 | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE D- | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME SALAS, MIGUEL | | 3.2 NAME CEFERINO PEREZ | |
| STREET ADDRESS 1951 SW 62 AVE | | 3.3 STREET ADDRESS 1862 SW 24 ST. | |
| CITY-ST-ZIP MIAMI FL 33155 | | 3.4 CITY-ST-ZIP MIAMI, FL 33145 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE D- | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME DAISY TUDELA-WILCOX | |
| STREET ADDRESS | | 4.3 STREET ADDRESS 7755 SW 32 TR. | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP MIAMI, FL 33155 | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE D- | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME MARIBEL BALBIN | |
| STREET ADDRESS | | 5.3 STREET ADDRESS 8346 DUNDEE TR. | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP MOLAAES, FL 33016 | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE D- | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME ENRIQUE GARCIA | |
| STREET ADDRESS | | 6.3 STREET ADDRESS 9748 S.W. 154th | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP MIAMI, FL. 33196 | |

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.

SIGNATURE *Miguel A. Tudela* **MIGUEL A. TUDELA** DATE **4/29/1998** (305) **264 5147**

CR2E037 (10/97)