FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # 730567 (5)

1. Corporation Name
CUBAN AMERICAN BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
710 S. DIXIE HIGHWAY CORAL GABLES FL 33146	710 S. DIXIE HIGHWAY CORAL GABLES FL 33146

2. Principal Place of Business	2a. Mailing Address
21 224 Palermo Avenue	26 224 Palermo Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Coral Gables, FL	28 City & State: Coral Gables, FL
24 Zip: 33134 25 Country: Dade	29 Zip: 33134 30 Country: Dade

3. Date Incorporated or Qualified: 08/29/1974
3a. Date of Last Report: 06/16/1995
4. FEI Number: 59-2512094 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ARAN, FERNANDO S
710 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: Luis N. Perez
82 Street Address (P.O. Box Number is Not Acceptable): 224 Palermo Avenue
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: 4/1/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARAN, FERANDO 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Luis N. Perez 224 Palermo Avenue Coral Gables, Florida 33134 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, LUIS N 224 PALERMO AVENUE CORAL GABLES FL 33134	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Eduardo Cosio 200 S. Biscayne Boulevard, #3500 Miami, Florida 33131 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARANGO, JACQUELINE 99 NE 4TH STREET MIAMI FL 33132	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD William Garcia 306 Alcazar Avenue, #302 Coral Gables, Florida 33134 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MEDEL, MARIA 6780 CORAL WAY, 1ST FLOOR MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COSIO, EDUARDO 200 S. BISCAYNE BLVD. #3500 MIAMI FL 33131	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VD Sergio L. Mendez 901 Ponce de Leon Boulevard Coral Gables, FL 33134-3073 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARAN, FERNANDO 710 S. DIXIE HWY. CORAL GABLES FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VD Oscar Marrero 2801 Ponce de Leon Boulevard Coral Gables, Florida 33134 ☐ Change ☐ Addition

CR2E037 (12/95)

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 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: _____ 4/15/96 305-442-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #