

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90009 011 \*\*\*\*61.25

0031317

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 753395**

1. Corporation Name

**CUBAN AMERICAN CERTIFIED PUBLIC ACCOUNTANTS ASSO  
CIATION, INC.**

Principal Place of Business

8500 W. FLAGLER ST  
SUITE B-208  
MIAMI FL 33144  
US

Mailing Address

P.O. BOX 442061  
PO BOX 442061  
MIAMI FL 33144  
US



2. Principal Place of Business

21 8550 W Flagler St  
Suite, Apt. #, etc.

22 Suite 105  
City & State

23 Miami, FL

Zip Country  
24 33144 25 USA

2a. Mailing Address

26 P.O. Box 442061  
Suite, Apt. #, etc.

27  
City & State

28 Miami, FL

Zip Country  
29 33144 30 USA

3. Date Incorporated or Qualified

07/18/1980

4. FEI Number

59-2034297

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

9. Name and Address of Current Registered Agent

VIZCAINO, ARMANDO C  
101 MEDERIA AVE  
SUITE 2104  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

FRANK GONZALEZ, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

One Biscayne Tower

83

Ste 2800

84 City

Miami

FL

85 Zip Code  
33131

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS CABRERA, JULIO  
CITY-ST-ZIP 6365 TAFST, STE 3003  
HOLLYWOOD FL 33024

TITLE ☐ DELETE  
NAME VTD  
STREET ADDRESS RODRIGUEZ, JUAN C  
CITY-ST-ZIP 1001 S. BAYSHORE DR., #2502  
MIAMI FL 33131

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS VIZCAINOK, ARMANDO  
CITY-ST-ZIP 101 MADERIA AVE  
CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME PED  
STREET ADDRESS GONZALEZ, FRANK  
CITY-ST-ZIP ONE BISCAYNE TOWER #2900  
MIAMI FL 33131

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS PAZOS, BENIGNO  
CITY-ST-ZIP 7650 NW 25TH ST  
MIAMI FL 33122

TITLE ☐ DELETE  
NAME VPD  
STREET ADDRESS AGUIRRE-GUERRA, MIRTHA C  
CITY-ST-ZIP 1000 BRICKELL AVE., #642  
MIAMI FL 33131

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☒ Change ☐ Addition  
1.2 NAME Rebecca Priegues, CPA  
1.3 STREET ADDRESS One Biscayne Tower Ste 2800  
1.4 CITY-ST-ZIP Miami, FL 33131

2.1 TITLE Vice-Treasurer/D ☒ Change ☐ Addition  
2.2 NAME Cristina Castro-Hussain  
2.3 STREET ADDRESS 8669 NW 36 ST  
2.4 CITY-ST-ZIP Miami, FL 33166

3.1 TITLE President ☒ Change ☐ Addition  
3.2 NAME Frank Gonzalez, -CPA  
3.3 STREET ADDRESS One Biscayne Tower Ste 2800  
3.4 CITY-ST-ZIP Miami, FL 33131

4.1 TITLE President Elect ☐ Change ☐ Addition  
4.2 NAME Benigno Pazos, CPA  
4.3 STREET ADDRESS 7650 NW 25 St  
4.4 CITY-ST-ZIP Miami, FL 33122

5.1 TITLE Secretary ☐ Change ☐ Addition  
5.2 NAME Manuel Garcia Linares  
5.3 STREET ADDRESS 201 South Biscayne Blvd  
5.4 CITY-ST-ZIP Miami, FL 33131

6.1 TITLE Vice President ☐ Change ☐ Addition  
6.2 NAME Mirtha Guerra-Aguirre  
6.3 STREET ADDRESS 1000 Brickell Av.  
6.4 CITY-ST-ZIP Miami, FL 33131

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:

*Rebecca Priegues*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca Priegues, Treasurer

(305) 913-2664  
Daytime Phone #

CR2E037 (11/98)