

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730567

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC6467101931**

**Entity Name:** CUBAN AMERICAN BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
SUITE 1205  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
SUITE 1205  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-2512094

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HERNANDEZ, ANNA M  
701 BRICKELL AVENUE  
SUITE 3300  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CRESPO JR, MANUEL L  
Address 201 ALHAMBRA CIRCLE  
SUITE 1205  
City-State-Zip: CORAL GABLES FL 33134

Title PED  
Name HERNANDEZ, ANNA MARIE  
Address 701 BRICKELL AVENUE  
SUITE 3300  
City-State-Zip: MIAMI FL 33131

Title VPD  
Name LOPEZ, JAVIER  
Address 2525 PONCE DE LEON  
9TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title SD  
Name LORENZO, YARA  
Address 600 BRICKELL AVENUE  
SUITE 2700  
City-State-Zip: MIAMI FL 33131

Title TD  
Name GARCIA, MARIA D  
Address 312 MINORCA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title PPD  
Name MARTINEZ-CID, RICARDO M  
Address 25 WEST FLAGLER STREET  
SUITE 800  
City-State-Zip: MIAMI FL 33130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA D. GARCIA

TD

01/21/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date