

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753395

Entity Name: CUBAN AMERICAN CERTIFIED PUBLIC ACCOUNTANTS ASSOCIATION, INC.**FILED**
Apr 30, 2018
Secretary of State
CC1530410463**Current Principal Place of Business:**999 PONCE DE LEON BLVD
SUITE 1045
CORAL GABLES, FL 33134**Current Mailing Address:**999 PONCE DE LEON BLVD
SUITE 1045
CORAL GABLES, FL 33134 US**FEI Number: 59-2034297****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALVAREZ, ILEANA
VIZCAINO ZOMERFELD, LLP
999 PONCE DE LEON BLVD 1045
CORAL GABLES, FL 33134 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: ILEANA ALVAREZ****04/30/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SECRETARY
Name MESA, JORGE
Address 999 PONCE DE LEON BLVD.
SUITE 1045
City-State-Zip: CORAL GABLES FL 33134**Title** PRESIDENT
Name PEREZ, GRETTEL
Address 2121 PONCE DE LEON
650
City-State-Zip: CORAL GABLES FL 33134**Title** DIRECTOR
Name LLERENA, ENRIQUE
Address 4649 PONCE DE LEON BLVD.
404
City-State-Zip: CORAL GABLES FL 33146**Title** ASSISTANT SECRETARY
Name RODRIGUEZ, JOEL
Address 201 S. BISCAYNE BOULEVARD
3000
City-State-Zip: MIAMI FL 33131**Title** TREASURER
Name BUSTAMANTE, MONIQUE
Address 255 ALHAMBRA CIR.
560
City-State-Zip: CORAL GABLES FL 33134**Title** DIRECTOR
Name LOPEZ, MARCO
Address 999 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134**Title** PRESIDENT ELECT
Name GONZALEZ, LEO
Address 1395 BRICKELL AVE.
1150
City-State-Zip: MIAMI FL 33131**Title** EX OFFICIO
Name ALVAREZ, ILEANA
Address 999 PONCE DE LEON BLVD
1045
City-State-Zip: CORAL GABLES FL 33134

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: GRETTEL PEREZ**PRESIDENT****04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date