

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753395

**Entity Name:** CUBAN AMERICAN CERTIFIED PUBLIC ACCOUNTANTS ASSOCIATION, INC.

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC7795028973**

**Current Principal Place of Business:**

2655 LE JEUNE RD.,  
SUITE 805-6  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2655 LE JEUNE RD.,  
SUITE 805-6  
CORAL GABLES, FL 33134 US

**FEI Number: 59-2034297**

**Certificate of Status Desired: No**

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

FIERMAN, ANDREW  
ALBERNI, CABALLERO & COMPANY, LLP  
4649 PONCE DE LEON BOULEVARD SUITE 404  
CORAL GABLES, FL 33146 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: ANDREW FIERMAN**

**03/08/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EX OFFICIO  
Name MARTIN, BEATRIZ  
Address 999 PONCE DE LEON BLVD  
1045  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name MESA, JORGE  
Address 999 PONCE DE LEON BLVD.  
SUITE 1045  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name FIERMAN, ANDREW  
Address 4649 PONCE DE LEON BLVD.  
404  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name PEREZ, GRETTEL  
Address 2121 PONCE DE LEON  
650  
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 DIRECTOR  
Name GUERRA-AGUIRRE, MIRTHA  
Address 999 PONCE DE LEON BLVD.  
1030  
City-State-Zip: CORAL GABLES FL 33134

Title ASSISTANT TREASURER  
Name GONZALEZ, LEO  
Address 1395 BRICKELL AVE.  
1150  
City-State-Zip: MIAMI FL 33131

Title ASSISTANT SECRETARY  
Name ACOSTA, YESENIA  
Address 801 BRICKELL AVE.  
1050  
City-State-Zip: MIAMI FL 33131

**Continues on page 2**

*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: ANDREW FIERMAN**

**PRESIDENT**

**03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, VP  
Name            ALVAREZ, ILEANA  
Address        999 PONCE DE LEON BLVD  
                  1045  
City-State-Zip: CORAL GABLES FL 33134

Title            PRESIDENT ELECT  
Name            HERNANDEZ, DAVID  
Address        8200 NW 41ST STREET  
                  200  
City-State-Zip: DORAL FL 33166