

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002060

**Entity Name:** CUBAN AMERICAN SCHOLARSHIP & AID FOUNDATION CORP.

**Current Principal Place of Business:**

3437 N.W. 15TH STREET  
MIAMI, FL 33125

**Current Mailing Address:**

3437 N.W. 15TH STREET  
MIAMI, FL 33125

**FEI Number:** 03-0516580

**Certificate of Status Desired:** No

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

REVUELTA, GUILLERMO AREV.  
3437 N.W. 15TH STREET  
MIAMI, FL 33125 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 VTD  
Name ANORGA, MARTIN NREV.  
Address 5800 S.W. 5TH TERRACE  
City-State-Zip: MIAMI FL 33144

Title STD  
Name MASPONS, MIGUEL A  
Address 5965 S.W. 100TH STREET  
City-State-Zip: MIAMI FL 33156

Title PD  
Name REVUELTA, GUILLERMO AREV.  
Address 3437 N.W. 15TH STREET  
City-State-Zip: MIAMI FL 33125

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:** MIGUEL A. MASPONS

STD

04/17/2014

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

\_\_\_\_\_  
Date