

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

DOCUMENT# N12817

**Entity Name:** THE CUBAN AMERICAN BAR FOUNDATION, INC.

**FILED**  
**Mar 03, 2014**  
**Secretary of State**  
**CC1292587934**

**Current Principal Place of Business:**

3200 SOUTHEAST FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131

**Current Mailing Address:**

3200 SOUTHEAST FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 US

**FEI Number:** 83-0397116

**Certificate of Status Desired:** No

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

HERNANDEZ, ANNA MARIE  
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 SD  
Name CRESPO, MANUEL C JR.  
Address 201 ALHAMBRA CIRCLE  
SUITE 1205  
City-State-Zip: CORAL GABLES FL 33134

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

Title PD, PRESIDENT  
Name FERRERA, SANDRA M  
Address 3200 SOUTHEAST FINANCIAL  
CENTER  
200 SOUTH BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33131

Title VPD  
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

**TREASURER**

**03/03/2014**

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

\_\_\_\_\_  
Date