

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

DOCUMENT# N13000000532

**FILED  
Sep 14, 2016  
Secretary of State  
CC2266165952**

**Entity Name:** THE DORAL BAR ASSOCIATION, INC

**Current Principal Place of Business:**

4000 PONCE DE LEON, BLVD.  
470  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4000 PONCE DE LEON, BLVD.  
470  
CORAL GABLES, FL 33146

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CUETO LAW GROUP  
4000 PONCE DE LEON., BLVD.  
470  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CUETO, SANTIAGO A  
Address 4000 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name SNYDER, LESLIE I  
Address 4000 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name ARONFELD, SPENCER M  
Address 3132 PONCE DE LEON BLVD.  
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: SANTIAGO CUETO**

**MANAGER**

**09/14/2016**

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

\_\_\_\_\_  
Date