FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701842 (7)

1. Corporation Name

THE AMERICAN CHAMBER OF COMMERCE OF CUBA IN THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
910 17TH ST. NW STE. 210 WASHINGTON DC 20006	910 17TH ST. NW 210 WASHINGTON D. 20006 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1960	3a. Date of Last Report: 05/01/1994
4. FEI Number (not in file): Per IRS as of 3/20/95: 52-1918680	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: 501(c)(6) ☒	$68.75 Supplemental Fee Not Required
8. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MOORE, CLARENCE W.
2665 S. BAYSHORE DR. #903
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PD	☐ Change ☐ Addition
NAME	MOORE, CLARENCE W.	12 NAME	Moore, Clarence	
STREET ADDRESS	2665 S. BAYSHORE DR.	13 STREET ADDRESS		
CITY · ST · ZIP	COCONUT GROVE FL	14 CITY · ST · ZIP		
TITLE	VPD	21 TITLE	1st Vice President VD	☒ Change ☐ Addition
NAME	CROSBY, KENNETH M.	22 NAME	Frederick E. Tetzeli	
STREET ADDRESS	3000 K ST., NW	23 STREET ADDRESS	Morgan Guaranty, 60 Wall St.	
CITY · ST · ZIP	WASHINGTON DC	24 CITY · ST · ZIP	NY, NY 10260-0060	
TITLE	SD	31 TITLE	Secretary SD	☒ Change ☐ Addition
NAME	MASVIDAL, ALBERTO DIAZ	32 NAME	Matias F. Travieso-Diaz	
STREET ADDRESS	730 CORAL WAY	33 STREET ADDRESS	Shaw Pittman Potts & Trowbridge	
CITY · ST · ZIP	CORAL GABLES FL	34 CITY · ST · ZIP	2300 N St. NW, Wash. DC 20037	
TITLE		41 TITLE	Treasurer TD	☐ Change ☒ Addition
NAME		42 NAME	Henry W. Goethals	
STREET ADDRESS		43 STREET ADDRESS	5519 Trent St.	
CITY · ST · ZIP		44 CITY · ST · ZIP	Chevy Chase, MD 20815	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY · ST · ZIP		54 CITY · ST · ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY · ST · ZIP		64 CITY · ST · ZIP		

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4-28-95 t.g.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Matias F. Travieso-Diaz April 18, 1995 202-663-8142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MATIAS F. TRAVIESO-DIAZ, SECRETARY

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