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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702694** (1)

1. Corporation Name

**COLEGIO MEDICO CUBANO LIBRE, INC. (CUBAN MEDICAL ASSOCIATION IN EXILE, INC.)**

Principal Place of Business

Mailing Address

**814 PONCE DE LEON BLVD  
307  
CORAL GABLES 33134  
US**

**P O BOX 141016  
P O BOX 141016  
CORAL GABLES FL 33114-1016  
US**



3. Date Incorporated or Qualified **07/17/1961** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number **59-1146973** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUERTAS, ENRIQUE  
814 PONCE DE LEON BLVD  
ST 307  
CORAL GABLES FL 33134**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUERTAS, ENRIQUE</b>	1.2 NAME	
STREET ADDRESS	<b>3121 N. W. 4TH STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FONSECA, DENIO O.</b>	2.2 NAME	
STREET ADDRESS	<b>5409 RIVIERA DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUATY, NESTOR C.</b>	3.2 NAME	
STREET ADDRESS	<b>1820 S.W. 102ND. AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL.</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEAL MARCELINO E</b>	4.2 NAME	
STREET ADDRESS	<b>4120 SW 27 RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDES-CASTILLO, ESTEBAN</b>	5.2 NAME	
STREET ADDRESS	<b>10842 S.W. 33 ST.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Enrique Huertas* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # **0028134**

CR2E037 (9/96)