

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 FL 33134  
US**

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

3. Date Incorporated or Qualified

**07/17/1961**

4. FEI Number

**59-1146973**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**23** City & State

**27** City & State

**24** Zip **25** Country

**29** Zip **30** Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **HUERTAS, ENRIQUE**  
STREET ADDRESS **3121 N. W. 4TH STREET**  
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **FONSECA, DENIO O.**  
STREET ADDRESS **5409 RIVERA DRIVE**  
CITY - ST - ZIP **CORAL GABLES FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **GUATY, NESTOR C.**  
STREET ADDRESS **1820 S.W. 102ND. AVENUE**  
CITY - ST - ZIP **MIAMI, FL.**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE  
NAME **FEAL MARCELINO E**  
STREET ADDRESS **4120 SW 27 RD**  
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **VALDES-CASTILLO, ESTEBAN**  
STREET ADDRESS **10842 S.W. 33 ST.**  
CITY - ST - ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I 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:

*[Signature]* REQUIRED

**4-7-98**

**305-4469902**

CR2E037 (10/97)