

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90096 023 ****61.25

DOCUMENT # 702694

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

07/17/1961

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

9. Name and Address of Current Registered Agent

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

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 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

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

31 26-99 305 4469902

CR2E037 (11/98)