

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 702694

1. Entity Name
COLEGIO MEDICO CUBANO LIBRE, INC. (CUBAN
MEDICAL ASSOCIATION IN EXILE, INC.)



Principal Place of Business
814 PONCE DE LEON BLVD
307
CORAL GABLE, S 33134 US

Mailing Address
P O BOX 141016
CORAL GABLES, FL 33114-1016 US

DO NOT WRITE IN THIS SPACE



02092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1146973

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE D
NAME BAEZ, RAMON
STREET ADDRESS 1811 COLUMBUS AVE.
CITY - ST - ZIP CORAL GABLES, FL

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

00000048767
05/03/04-80076-025 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Enrique Huertas **ENRIQUE HUERTAS, M.D. - 5/28/04**