

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

NON-PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 706439

(7)

1. Corporation Name

NATIONAL ASSOCIATION OF CUBAN LAWYERS, INC.

Principal Place of Business

3383 N.W. 7 STREET
SUITE 204
MIAMI, FL. 33125

Mailing Address

P.O. BOX 45-0116
SHENANDOAH STATION
MIAMI, FL. 33245-0116

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified

01/21/1972

3a. Date of Last Report

04/17/1996

4. FEI Number

51-0157270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALONSO, ANTONIO E.
1699 CORAL WAY
SUITE 315
MIAMI, FL. 33145

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

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 VD
NAME RODRIGUEZ CEPERO, LUIS
STREET ADDRESS 1910 S.W. 32ND. PLACE
CITY-ST-ZIP MIAMI, FL. 33145

☐ DELETE

TITLE SD
NAME RUIZ-MESA SILVESTRE, NILDA
STREET ADDRESS 2445 S.W. 24 TERR.
CITY-ST-ZIP MIAMI, FL. 33145

☐ DELETE

TITLE VD
NAME DIAZ ROUSSELOT, LUIS O.
STREET ADDRESS 920 S.W. 89th. AVE.
CITY-ST-ZIP MIAMI, FL. 33174

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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☐ DELETE

TITLE
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☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

(305) 541-0763

Date

Daytime Phone #

CR2E034 (9/96)