

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

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 706439

1. Entity Name

NATIONAL ASSOCIATION OF CUBAN LAWYERS, INC.



Principal Place of Business

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

Mailing Address

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



01142004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0157270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	VD
NAME	RODRIGUEZ CEPERO, LUIS
STREET ADDRESS	1910 S.W. 32ND PLACE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	SD
NAME	RUIZ-MESA SILVESTRE, NILDA
STREET ADDRESS	2445 SW 24 TERR
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	VD
NAME	DIAZ, ROUSSELOT LUIS O
STREET ADDRESS	920 S.W. 89TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80094-012 61.25

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IN THIS SPACE**

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

LUIS RODRIGUEZ CEPERO

Date

Daytime Phone #

1/14/04 205-591-0767