FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:27

DOCUMENT # **718678** **(6)**

1. Corporation Name

CUBAN MEDICAL ASSOCIATION CONGRESS, INC.

Principal Place of Business	Mailing Address
811 PONCE DE LEON BLVD P O BOX 141016 CORAL GABLES FL 33134	811 PONCE DE LEON BLVD P O BOX 141016 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1970
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2263309 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 814 Ponce de Leon Blvd
Suite, Apt. #, etc.
22: Suite #307
City & State
23: CORAL GABLES, FLORIDA
Zip: 24: 33134 Country: 25: U.S.A.

2a. Mailing Address
26: P.O. Box 141016
Suite, Apt. #, etc.
27:
City & State
28: CORAL GABLES, FLORIDA
Zip: 29: 33114-1016 Country: 30: U.S.A.

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUERTAS,ENRIQUE
811 PONCE DE LEON BLVD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: HUERTAS, ENRIQUE
82 Street Address (P.O. Box Number is Not Acceptable): 814 Ponce de Leon Blvd.
83: Suite #307
84 City: CORAL GABLES FL 85 Zip Code: 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HUERTAS, ENRIQUE	12 NAME	
STREET ADDRESS	3121 NW 4 STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FONSECA, DENIO O	22 NAME	
STREET ADDRESS	5409 RIVIERA DR	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES,FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NESTOR, C GUATY	32 NAME	
STREET ADDRESS	1820 SW 102 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CASTELLANOS, AGUSTIN W	42 NAME	
STREET ADDRESS	5601 SW 5 TERRACE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Huertas 4-19-95 (305) 446-9902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ENRIQUE HUERTAS

0007208