

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718678 (6)

1. Corporation Name

CUBAN MEDICAL ASSOCIATION CONGRESS, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
06/15/1970

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2263309

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

10. Name and Address of New Registered Agent

City & State

City & State

23

28

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **HUERTAS, ENRIQUE**
STREET ADDRESS **3121 NW 4 STREET**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **D** ☐ DELETE

NAME **FONSECA, DENIO O**
STREET ADDRESS **5409 RIVIERA DR**
CITY-ST-ZIP **CORAL GABLES, FL 00000**

TITLE **D** ☐ DELETE

NAME **NESTOR, C GUATY**
STREET ADDRESS **1820 SW 102 AVE**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **D** ☒ DELETE

NAME **CASTELLANOS, AGUSTIN W**
STREET ADDRESS **5601 SW 5 TERRACE**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

**TD
FEAL MARCELINO E
410 SW - 27 RD
MIAMI - FL 33129**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-96 305-4469902

CR2E037 (12/95)