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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90027 049 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 718678					
1. Corporation Name CUBAN MEDICAL ASSOCIATION CONGRESS, INC.					
Principal Place of Business 814 PONCE DE LEON BLVD STE 307 CORAL GABLES FL 33134 US			Mailing Address P O BOX 141016 P O BOX 141016 CORAL GABLES FL 33114-1016 US		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/15/1970 4. FEI Number 59-2263309 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent HUERTAS, ENRIQUE 814 PONCE DE LEON BLVD STE 307 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUERTAS, ENRIQUE			1.2 NAME			
STREET ADDRESS	3121 NW 4 STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FONSECA, DENIO O			2.2 NAME			
STREET ADDRESS	5409 RIVIERA DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 00000			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NESTOR, C GUATY			3.2 NAME			
STREET ADDRESS	1820 SW 102 AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEAL MARCELINO E			4.2 NAME			
STREET ADDRESS	410 SW 27TH RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-99 305 4469902