

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

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718678**

1. Entity 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**



02172004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2263309**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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

000000147615

05/03/04-80114-013 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE D  
NAME BAEZ, RAMON  
STREET ADDRESS 1811 COLUMBUS AVE.  
CITY- ST- ZIP CORAL GABLES, FL

TITLE TD  
NAME FEAL MARCELINO E  
STREET ADDRESS 410 SW 27TH RD  
CITY- ST- ZIP MIAMI, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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

Date

Daytime Phone #

*Enrique Huertas* **ENRIQUE HUERTAS, M.D. - 04/28/04**