

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90022 021 ****61.25

DOCUMENT # 718678

1. Entity Name
CUBAN MEDICAL ASSOCIATION CONGRESS, INC.



Principal Place of Business
**717 PONCE DE LEON
STE 217
CORAL GABLES, FL 33134 US**

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

60043580



2. Principal Place of Business - No P.O. Box #
717 PONCE DE LEON BLVD

3. Mailing Address

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.

City & State
CORAL GABLES FL

City & State

Zip
33134

Country
US

Zip

Country

04022008 Chg-NP CR2E037 (12/06)

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
717 PONCE DE LEON BLVD
STE 217
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **TD HUERTAS ENRIQUE**
STREET ADDRESS **3121 NW - 45th ST**
CITY-ST-ZIP **MIAMI - FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Enrique Huertas Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-08

Date

Daytime Phone #