SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 718969 (9)

1. Corporation Name
ASSOCIATION OF CUBAN ENGINEERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 557575 MIAMI FL 33155	P.O. BOX 557575 MIAMI FL 33155

3. Date Incorporated or Qualified: 08/07/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6245455 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASADO, GUSTAVO E
8000 SW 68TH TERRACE
MIAMI FL 33143

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

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: Gustavo E. Casado — DATE: 7/12/95
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	VD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DIAZ, OSCAR	1.2 NAME	RENE I. BASULTO	
STREET ADDRESS	10821 S.W. 33RD ST.	1.3 STREET ADDRESS	1757 W. 80 ST.	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HIALEAH, FL -	
TITLE	TD	2.1 TITLE	D	☐ Change ☐ Addition
NAME	GILBERT, BEN	2.2 NAME	OSCAR DIAZ	
STREET ADDRESS	5970 SW 104 ST.	2.3 STREET ADDRESS	10821 SW 33RD ST.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL -	
TITLE	SD	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	BASULTO, RENE I.	3.2 NAME	FLA, MARIO	
STREET ADDRESS	1757 W. 80TH STREET	3.3 STREET ADDRESS	13972 SW. 25 ST	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33175	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, MANOLO	4.2 NAME		
STREET ADDRESS	5955 SW 88 CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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.

SIGNATURE: [signature] — 7/12/95 Date — (305) 266-1790 Daytime Phone #
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010971