

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAR -7 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721077

1. Corporation Name
CUBAN MASONIC ASSOCIATION IN EXILE, INC.

Principal Place of Business

Mailing Address

600 West 29th St.
Hialeah, Fl. 33012

JORGE R. ALVAREZ
13501 S. W. 38th St.
Miami, Fl. 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number 650265947 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 600 W. 29th St.

26 13501 D. W. 38th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Hialeah, Fl.

28 Miami, Fl.

Zip

Country

Zip

Country

24 33012

25 U. S. A.

29 33175

30 U. S. A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORGE R. ALVAREZ
13501 S. W. 38th St.
Miami, Fl. 33175

81 Name JORGE R. ALVAREZ

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

13501 S. W. 38th St.

83

84 City MIAMI

FL

85 33175

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE JORGE R. ALVAREZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME Jorge R. Alvarez
STREET ADDRESS 13501 S. W. 38th St.
CITY-ST-ZIP Miami, Fl. 33175

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

500001426015

TITLE VICE-PRESIDENT
NAME Maheo W. Hernandez
STREET ADDRESS 2130 N. W. 37th St.
CITY-ST-ZIP Miami, Fl. 33142

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

-03/10/95--0100 Change ☐ Addition

***130.00 ***130.00

TITLE VICE-PRESIDENT
NAME Enrique Caiñas Mier
STREET ADDRESS 870 East 19th St.
CITY-ST-ZIP Hialeah, Fl. 33013

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SECRETARIO
Agustin Blanco Ortega
6945 West 2 Ct.
Hialeah, Fl. 33014

TITLE TREASURER
NAME Candido Palacios
STREET ADDRESS 9370 S. W. 24th St.
CITY-ST-ZIP Miami, Fl. 33165

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 190.07(3)(b), 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 the 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 addpage.

SIGNATURE: JORGE R. ALVAREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 - 10 - 95 305-552-6283

Date

Telephone Number