

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 721077 (6)

1. Corporation Name

CUBAN MASONIC ASSOCIATION IN EXILE, INC.

Principal Place of Business

600 WEST 29TH ST.  
HIALEAH FL 33012

Mailing Address

13501 S.W. 38TH STREET  
MIAMI FL 33175  
US



3. Date Incorporated or Qualified  
06/03/1971

3a. Date of Last Report  
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 600 West 29th St Hialeah

26 13501 S.W. 38th St.

4. FEI Number  
65-0265947

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
Hialeah, Florida

27 Suite, Apt. #, etc.  
Miami - Florida

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State  
33012 U.S.A.

28 City & State  
33175

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
Country

29 Zip  
Country  
U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORGE R. ALVAREZ  
13501 SW 38TH STREET  
MIAMI FL 33165

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 *Jorge R. Alvarez*  
Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reappointing)

2-23-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE PD  
NAME ALVAREZ, JORGE R.  
STREET ADDRESS 13501 S.W. 38TH STREET  
CITY - ST - ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE SD  
NAME AGUSTIN, BLANCO  
STREET ADDRESS 6945 W. 2 COURT  
CITY - ST - ZIP HIALEAH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE TD  
NAME PALACIOS, CANDIDO  
STREET ADDRESS 9370 S.W. 24TH STREET  
CITY - ST - ZIP MIAMI FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE VP  
NAME MANEO W. HERNANDEZ  
STREET ADDRESS 2130 NW 37TH ST  
CITY - ST - ZIP MIAMI FL 33013

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jorge R. Alvarez*

2/23/96 305-552-6283

Daytime Phone #

CP2E037 (12/95)