FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 MAR 16 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725764 (5)

1. Corporation Name

ASSOCIATION OF SCOTTISH RITE MASONS OF CUBA IN E XILE INC

Principal Place of Business: 3631 SW 6TH ST. MIAMI FL 33135

Mailing Address: 3631 SW 6TH ST. MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1973
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2177798 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

BEAMUD, JOSE I
3631 SW 6TH STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700001433057
-03/17/95--01061--014
84 City ******68.75 FL 85 Zip Code

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 ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRANDA, JUSTO J
STREET ADDRESS	380 E. 16TH STREET #2B
CITY-ST-ZIP	HIALEAH FL
TITLE	V
NAME	BERMEOSOLO, RAFAEL
STREET ADDRESS	1770 S.W. 3RD ST. #7
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	DOMINGUEZ, VICENTE Y
STREET ADDRESS	7533 LOCKNESS DRIVE
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	VS
NAME	JOSE E BELLO
STREET ADDRESS	871 SCOTT DR.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	TD
NAME	JOSE I BEAMUD
STREET ADDRESS	3631 S W 6TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VT
NAME	NICOLAS MAHY
STREET ADDRESS	2237 W 53RD ROAD
CITY-ST-ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE	PD	☒ Change	☐ Addition
1.2 NAME	RAFAEL BERMEOSOLO		
1.3 STREET ADDRESS	1770 S.W. 3rd St. #7		
1.4 CITY-ST-ZIP	Miami, Fla. 33135		
2.1 TITLE	V	☒ Change	☐ Addition
2.2 NAME	Maheo W.Hernández		
2.3 STREET ADDRESS	9883 N.W. 51st Terr		
2.4 CITY-ST-ZIP	Miami, Fla. 33178		
3.1 TITLE	SD	☒ Change	☐ Addition
3.2 NAME	Gustavo Pérez Meneses		
3.3 STREET ADDRESS	600 W. 29th St.		
3.4 CITY-ST-ZIP	Hialeah, Fla. 33010		
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP	3-16		

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: JOSE I. BEAMUD [signature] 3/9/95 443-8858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041680