

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90132 007 ****61.25

DOCUMENT # 725764

1. Corporation Name

ASSOCIATION OF SCOTTISH RITE MASONS OF CUBA IN E
XILE INC

Principal Place of Business

3631 SW 6TH ST.
MIAMI FL 33135-2520
US

Mailing Address

3631 SW 6TH ST.
MIAMI FL 33135

340231-90132-7



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/08/1973

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

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

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

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 VP ☒ DELETE

NAME CHAVIANO, JULIO
STREET ADDRESS 1764 NW 19TH ST
CITY-ST-ZIP MIAMI FL 33125

TITLE PD ☐ DELETE

NAME HERNANDEZ, MAHEO W
STREET ADDRESS 9883 NW 51ST TERRACE
CITY-ST-ZIP MIAMI FL 33178

TITLE SD ☐ DELETE

NAME GUSTAVO, PEREZ M
STREET ADDRESS 600 W. 29TH ST.
CITY-ST-ZIP HIALEAH FL 33010

TITLE VS ☐ DELETE

NAME JOSE E BELLO
STREET ADDRESS 871 SCOTT DR.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD ☐ DELETE

NAME JOSE I BEAMUD
STREET ADDRESS 3631 S W 6TH STREET
CITY-ST-ZIP MIAMI FL

TITLE VT ☐ DELETE

NAME NICOLAS MAHY
STREET ADDRESS 2237 W 53RD ROAD
CITY-ST-ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Rogelio Gonzalez ☒ Change ☐ Addition

1.2 NAME 2729 W. 71st Place.
1.3 STREET ADDRESS Hialeah, Fla. 33016
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

JOSE I BEAMUD

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/99

Date

443 8858

Daytime Phone #

CR2F037- (11/98)