

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**

95 MAR 15 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759057 (3)
1. Corporation Name
CUBAN-AMERICAN NATIONAL FOUNDATION, INC.

Principal Place of Business Mailing Address
**7300 NW 35TH TERR., SUITE 104
MIAMI FL 33122**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1981	3a. Date of Last Report 01/25/1994
4. FBI Number 59-2122621	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	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**COSTA, TONY
22290 SW 172ND AVE
MIAMI FL 33170**

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	MAS, JORGE L.
STREET ADDRESS	10441 SW 187TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	P
NAME	HERNANDEZ, FRANCISCO J.
STREET ADDRESS	1950 S.W. 17TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	FOYO, FELICIANO M.
STREET ADDRESS	5915 GRANADA BLVD.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	SD
NAME	COSTA, TONY
STREET ADDRESS	22290 SW 172ND AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	AT
NAME	MARINO, ALBERTO
STREET ADDRESS	7300 NW 35TH TERR.
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	PERNAS, DELFIN
STREET ADDRESS	11885 SW 28 ST., #8-14
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 both in attachment with an address.

SIGNATURE:

TREASURER. - FELICIANO M. FOYO 3-7-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #