

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761051

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** THE CUBAN OPHTHALMOLOGICAL SOCIETY IN EXILE INC.**Current Principal Place of Business:**% JUAN B. HERNANDEZ FALCON  
1673 SW 27TH AVE  
MIAMI, FL 33145**New Principal Place of Business:****Current Mailing Address:**% JUAN B. HERNANDEZ FALCON  
1673 SW 27TH AVE  
MIAMI, FL 33145**New Mailing Address:****FEI Number:** 59-1096915**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HERNANDEZ, FALCON, JUAN B.  
1673 SW 27TH AVENUE  
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** TVD ( ) Delete  
**Name:** HERNANDEZ-FALCON, JU, AN B  
**Address:** 1673 SW 27TH AVE  
**City-St-Zip:** MIAMI, FL 33145**Title:** TSTD ( ) Delete  
**Name:** IGLESIAS, MANUEL R., MD  
**Address:** 822 MARIETTA AVENUE  
**City-St-Zip:** LANCASTER, PA 17603**Title:** TP ( ) Delete  
**Name:** PINIELLA, ALEJANDRA M MD  
**Address:** 1385 CORALWAY STE 304  
**City-St-Zip:** MIAMI, FL 33145**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. HERNANDEZ-FALCON

TVD

04/30/2004

Electronic Signature of Signing Officer or Director

Date