

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90176 031 ****61.25

DOCUMENT # F03000003147

1. Entity Name
CUBAN AMERICAN NATIONAL FOUNDATION, INC.



Principal Place of Business
1312 SW 27TH AVENUE
MIAMI, FL 33145

Mailing Address
1312 SW 27TH AVENUE
MIAMI, FL 33145

14020720



04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2122621

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-MEDINA, ROLAND JR
2333 PONCE DE LEON BLVD., SUITE 302
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MAS SANTOS, JORGE
1312 SW 27TH AVENUE
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
DEL VALLE, CLARA M
1312 SW 27TH AVENUE
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
GUTIERREZ, JUAN A
1312 SW 27TH AVENUE
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERNANDEZ, FRANCISCO J
1312 SW 27TH AVENUE
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MARTINEZ, MIGUEL ANGEL
1312 SW 27TH AVENUE
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MOREIRA, DOMINGO
1312 SW 27TH AVENUE
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (305) 448-4344
Date Daytime Phone #