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 APR 27 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000027 (4)

1. Corporation Name

ASSOCIATION OF CUBAN DENTISTS IN EXILE, INC.

Principal Place of Business	Mailing Address
4230 S.W. 98TH COURT MIAMI FL 33165	4230 S.W. 98TH COURT MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1992
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0365098 ☐ 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	2a. Mailing Address
21 4230 SW 98 CT	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami	28 City & State
24 Zip: 33165 25 Country: FL	29 Zip 30 Country

9. Name and Address of Current Registered Agent

FIGUEROA, ALBERTINA
4230 S.W. 98TH COURT
MIAMI FL 33165

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	FIGUEROA, ALBERTINA	12 NAME	
STREET ADDRESS	4230 SW 98 CT.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, FRANCISCO	22 NAME	
STREET ADDRESS	1314 W 43 STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	TENAS, ERNESTO	32 NAME	
STREET ADDRESS	2424 NW 15 ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	34 CITY-ST-ZIP	
TITLE	TT	41 TITLE	☐ Change ☐ Addition
NAME	SOLA, JULIA	42 NAME	
STREET ADDRESS	465 E. 29ST APT 401	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	44 CITY-ST-ZIP	
TITLE	O	51 TITLE	☐ Change ☐ Addition
NAME	MORIN, RAMON	52 NAME	
STREET ADDRESS	3470 PALM AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	54 CITY-ST-ZIP	
TITLE	O	61 TITLE	☐ Change ☐ Addition
NAME	TRIANA, ILEANA	62 NAME	
STREET ADDRESS	4500 W. 16 AVE. APT. 512	63 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	64 CITY-ST-ZIP	

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TPW 4/27/95

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)(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.

SIGNATURE: A. Figueroa 4/27/95 (305) 221-7810
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0043447