

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 11 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000006193
1. Entity Name
CUBAN AMERICAN ARTISTS SOCIETY INC


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2910 PONCE DE LEON BLVD Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State CORAL GABLES, FL 33134		City & State SAME	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE
04-02-02 90946 016 \$61.25
4. FEI Number
65-1136218
5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name SILVIA M. GARCIA
Street Address (P.O. Box Number is Not Acceptable)
6340 SW 14 ST.
City MIAMI, FL Zip Code 33144

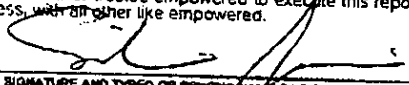
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
SIGNATURE  DATE 6/11/02
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT D GILDA de Cespedes SACASAS 14604 SW 69 TERR. MIAMI, FL. 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT D DR. NUNZIO MAINIERI 2910 PONCE de Coral Gables, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASS. VICE PRESIDENT D MILDREY GUILLOT 2625 COLLINS AVE. # 605 MIAMI BEACH, FL. 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER SILVIA M. GARCIA D 6340 SW 14 STREET MIAMI, FL. 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASS. TREASURER D MAYRA C. LOPEZ 930 ANDORA AVE. CORAL GABLES, FL. 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY D MARIA E. GARCIA 20. SHORE DR. NORTH MIAMI, FL 33133

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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 on an attachment with an address, with or without other like empowered.
SIGNATURE:  SILVIA M. GARCIA 5/21/02 305-663-5303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)