

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08477 (4)

1. Corporation Name

CUBAN NURSES ASSOCIATION IN EXILE, INC.



Principal Place of Business

2025 N.W. 28 ST. APT. 3
SUITE 3
MAIMI FL 33142
US

Mailing Address

2025 N.W. 28 ST. APT. 3
SUITE 3
MAIMI FL 33142
US

3. Date Incorporated or Qualified
04/03/1985

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELLO, FERMIN R.
2025 N.W. 18 ST., APT. #3
MAIMI FL 33142

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ferrin R. Bello

(NOTE: Registered Agent signature required when reinstating)

011596

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TORRES, LEONIDES
STREET ADDRESS 3320 S.W. 97 CT.
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE TD
NAME DIAZ, SARAFIN RN
STREET ADDRESS 2025 NW 28 ST #2
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE SD
NAME BELLO, FERMIN R.
STREET ADDRESS 2025 N.W. 28 ST #3
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE VP
NAME VAZQUEZBELLO, ENRIQUE
STREET ADDRESS 3125 N.W. 24 AVENUE
CITY-STATE-ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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)(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 on an attachment with an address.

SIGNATURE:

Ferrin R. Bello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

011596

Date

305-635-3861

Daytime Phone #

CR2E037 (12/95)