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Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

2025 N.W. 28 ST. APT. 3  
SUITE 3  
MAIMI FL 33142  
US2025 N.W. 28 ST. APT. 3  
SUITE 3  
MAIMI FL 33142-5974  
US3. Date Incorporated or Qualified  
04/03/19853a. Date of Last Report  
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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  
MIAMI 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: *Fermin R. Bello*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME TORRES, LEONIDES  
STREET ADDRESS 3320 S.W. 97 CT.  
CITY - ST - ZIP MIAMI FL ☐ DELETETITLE TD  
NAME DIAZ, SARAFIN RN  
STREET ADDRESS 2025 NW 28 ST #2  
CITY - ST - ZIP MIAMI FL ☐ DELETETITLE SD  
NAME BELLO, FERMIN R.  
STREET ADDRESS 2025 N.W. 28 ST #3  
CITY - ST - ZIP MIAMI FL ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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: *Fermin R. Bello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/7/97 305-695-3865  
Date Daytime Phone # 0029975

CR2E037 (9/96)