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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N12817 (5)

1. Corporation Name

THE CUBAN AMERICAN BAR FOUNDATION, INC.

Principal Place of Business

Mailing Address

MURALWALD.BIONDO.MATTHEWS & MORENO.PA
25 S.E. 2ND AVE..#900
MIAMI FL 33131

MURALWALD.BIONDO.MATTHEWS & MORENO.PA
25 S.E. 2ND AVE..#900
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1986

3a. Date of Last Report

03/03/1994

4. FEI Number

65-0007784

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. The 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

FERNANDEZ-QUINCOCES, GUILLERMO J.
~~ONE CENTRUST FINANCIAL CTR.~~ 2 SOUTH BISCAYNE BLVD.
~~100 S.E. 2ND ST.~~ SUITE 3400
~~MIAMI FL 33104~~ MIAMI, FL 33131-1897

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

(Signature typed on printed name of registered agent and title of agent)

(NOTE: Registered Agent signature required when transferring)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME ~~FERNANDEZ-MAGGARO, O.~~
STREET ADDRESS 201 SEVILLA AVE. #202
CITY ST ZIP ~~CORAL GABLES FL~~

11 TITLE D ☐ Change ☐ Addition
12 NAME ROGELIO DEL PINO
13 STREET ADDRESS 1835 W. FLAGLER STREET #201
14 CITY ST ZIP MIAMI, FLORIDA 33135

TITLE D
NAME VAZQUEZ, MANUEL
STREET ADDRESS 815 PONCE DE LEON BLVD.
CITY ST ZIP MIAMI FL

21 TITLE D ☐ Change ☐ Addition
22 NAME MANUEL CRESPO
23 STREET ADDRESS 2701 PONCE DE LEON BLVD. #302
24 CITY ST ZIP CORAL GABLES, FL 33134

TITLE D
NAME SOTO, OSVALDO N.
STREET ADDRESS 1950 SW 27TH AVE.
CITY ST ZIP MIAMI FL

31 TITLE D ☐ Change ☐ Addition
32 NAME JOSE VILLALOBOS
33 STREET ADDRESS 2350 CORAL WAY #202
34 CITY ST ZIP MIAMI, FLORIDA 33145

TITLE SD
NAME FIGUEROA, LUIS
STREET ADDRESS 1313 PONCE DE LEON, #200
CITY ST ZIP MIAMI FL

41 TITLE D ☐ Change ☐ Addition
42 NAME FRANCISCO ANGONES
43 STREET ADDRESS 66 W. FLAGLER STREET, 9TH FLOOR
44 CITY ST ZIP MIAMI, FLORIDA 33130

TITLE PD
NAME MURAI, RENE
STREET ADDRESS 900 INGRAM BLDG
CITY ST ZIP MIAMI FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE D
NAME TOMAS GAMBA
STREET ADDRESS 2151 LEJEUNE ROAD, SUITE 300
CITY ST ZIP CORAL GABLES, FLORIDA

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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)(b), Florida Statutes. I further certify that the information included 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:

(Signature typed on printed name of signing officer or director)

RENE V. MURAI

Date

Dist. No. 4

APPROVED
AND
FILED

55 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA