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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N92000000384 (9)**
1. Corporation Name
PUENTE DE JOVENES PROFESIONALES CUBANOS, INC.

Principal Place of Business Mailing Address

200 S. BISCAYNE BLVD.
40TH FLOOR
MIAMI FL 33131-2398
US

200 S. BISCAYNE BLVD.
40TH FLOOR
MIAMI FL 33131-2398
US

2. Principal Place of Business 2b. Mailing Address

21 701 Brickell Ave. 26 701 Brickell Ave.
Suite, Apt. #, etc. Suite 1900 Suite 1900
22 Miami, FL 27 Miami, FL
23 33131 25 U.S.A. 29 33131 30 U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/19/1992 04/22/1994

4. FEI Number Applied For
69-0043070 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. 194 (99) Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GUTIERREZ, NICHOLAS J JR. ESQ
200 S. BISCAYNE BLVD.
40TH FLOOR
MIAMI FL 33131-2398

10. Name and Address of New Registered Agent

81 Name: Nicolás J. Gutiérrez, Jr., Esq.
82 Street Address: 701 Brickell Ave.
83 Suite 1900
84 City: Miami FL 85 Zip Code: 33131

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: Nicolás J. Gutiérrez, Jr., Esq., Director *Nicolás J. Gutiérrez, Jr.* 4/10/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODRIGUEZ, JAVIER J.
STREET ADDRESS	2655 LEJEUNE RD STE 805
CITY- ST- ZIP	CORAL GABLES FL
TITLE	DV
NAME	GUTIERREZ, NICHOLAS J. JR
STREET ADDRESS	200 S BISCAYNE BLVD 40TH FLOOR
CITY- ST- ZIP	MIAMI FL 98
TITLE	DT
NAME	FERNANDEZ, ALEXANDER ESO
STREET ADDRESS	1281 BRICKELL AVE STE 1500
CITY- ST- ZIP	MIAMI FL
TITLE	DS
NAME	FERNANDEZ, OLEG ALEMAN ES
STREET ADDRESS	7841 NW 56TH ST
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	DORTA, MATIAS R
STREET ADDRESS	201 S. BISCAYNE BLVD., #2801 MIAMI CENTER
CITY- ST- ZIP	MIAMI FL 33131
TITLE	D
NAME	SANCHEZ, IGNICIO E. ESO
STREET ADDRESS	201 S BISCAYNE BLVD
CITY- ST- ZIP	MIAMI FL 99

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ARRIZURIETA, JORGE L.	
13 STREET ADDRESS	28267 N.W. 199TH ST.	
14 CITY- ST- ZIP	MIAMI, FL 33056	
21 TITLE	D (Dr., Esq.,)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GUTIERREZ, NICHOLAS J	
23 STREET ADDRESS	701 BRICKELL AVE, STE. 1900	
24 CITY- ST- ZIP	MIAMI, FL 33131	
31 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	VAZQUEZ, ESQ., JAVIER	
33 STREET ADDRESS	777 BRICKELL AVE., STE. 704	
34 CITY- ST- ZIP	MIAMI, FL 33131	
41 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	OSLE, HARRY	
43 STREET ADDRESS	5834 SW 50TH TER.	
44 CITY- ST- ZIP	MIAMI, FL 33155	
51 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	FUENTES, TERESA	
53 STREET ADDRESS	901 SW 65RD AVE.	
54 CITY- ST- ZIP	MIAMI, FL 33144	
61 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	SANCHEZ-ABALLI, RAFAEL	
63 STREET ADDRESS	6311 SW 80TH ST	
64 CITY- ST- ZIP	MIAMI, FL 33143	

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(2)(b), 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 such were made by me in person. 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: Nicolás J. Gutiérrez, Jr. - Nicolás J. Gutiérrez, Jr., Esq. - Director (505) 784-2755
4/10/95