FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 4:30
TALLAHASSEE, FLORIDA

300001498343
-05/24/95--01069--022
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000000576 (P)

1. Corporation Name
INTERNATIONAL INSTITUTE OF CUBAN LAWYERS INC

Principal Place of Business — Mailing Address
250 CATALONIA Ave #400
Coral Gables - FlA 33134

3. Date Incorporated or Qualified: 2-4-94
3a. Date of Last Report: 2-4-94

4. FEI Number: 65-0489315 — 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 250 CATALONIA AVE	26
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27
City & State 23 Coral Gables - FlA	City & State 28
Zip 24 33134 — Country 25 DADE	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

Raul E. Valdes Fauli Esq.
One Biscayne Tower Suite 3400
2 South Biscayne Blvd.
Miami FlA 33131

10. Name and Address of New Registered Agent

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 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	D/P	1.1 TITLE D/VS	☐ Change ☐ Addition
NAME	Silvio S Sanabria	1.2 NAME	Jose Lopez Silvero
STREET ADDRESS	300 Galen Drive Apt 406	1.3 STREET ADDRESS	9682 Fontainebleau Blvd # 400
CITY-ST-ZIP	Key Biscayne - FlA 33149	1.4 CITY-ST-ZIP	Miami FlA 33172
TITLE	D/S	2.1 TITLE	☐ Change ☐ Addition
NAME	Raul E. Valdes Fauli	2.2 NAME	
STREET ADDRESS	2 S. Biscayne Blvd. # 3400	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FlA 33131	2.4 CITY-ST-ZIP	
TITLE	D/T	3.1 TITLE	☐ Change ☐ Addition
NAME	Jose L Guillen	3.2 NAME	
STREET ADDRESS	250 Catalonia Ave #400	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables FlA 33134	3.4 CITY-ST-ZIP	
TITLE	D/	4.1 TITLE	☐ Change ☐ Addition
NAME	Jose Ramon Rodriguez	4.2 NAME	
STREET ADDRESS	275 Fontainebleau Blvd. #135	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FlA 33172	4.4 CITY-ST-ZIP	
TITLE	D/VP	5.1 TITLE	☐ Change ☐ Addition
NAME	Pedro P. Llaguno	5.2 NAME	REMITTED BY MAY 1
STREET ADDRESS	2010 Coral Way #303	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FlA 33145	5.4 CITY-ST-ZIP	
TITLE	D/VT	6.1 TITLE	☐ Change ☐ Addition
NAME	Martha C Larrazabal	6.2 NAME	
STREET ADDRESS	1225 SW 107 Ave #526	6.3 STREET ADDRESS	T.S. 5/23/95
CITY-ST-ZIP	Miami FlA 33174	6.4 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)(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: [signature] 4/22/95 TREASURER (305) 444 2423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #