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FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000576 (8)

1. Corporation Name

INTERNATIONAL INSTITUTE OF CUBAN LAWYERS, INC.



Principal Place of Business

Mailing Address

250 CATALONIA AVE., #400  
CORAL GABLES FL 33134250 CATALONIA AVE., #400  
CORAL GABLES FL 33134-67303. Date Incorporated or Qualified  
02/04/19943a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0489315Applied For  
Not Applicable5. 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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

VALDES-FAULI, RAUL E  
SUITE 3400 - ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

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

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/T ☐ DELETE  
NAME GUILLEN, JOSE L  
STREET ADDRESS 250 CATALONIA AVE., #400  
CITY-ST-ZIP CORAL GABLES FL 331341.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D/P ☐ DELETE  
NAME SANABRIA, SILVIO S  
STREET ADDRESS 300 GALEN DR., #406  
CITY-ST-ZIP KEY BISCAYNE FL 331492.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D/V ☐ DELETE  
NAME LLAGUNO, PEDRO P  
STREET ADDRESS 2050 CORAL WAY, #303  
CITY-ST-ZIP MIAMI FL 331453.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D/V ☐ DELETE  
NAME LARRAZABAL, MARTA C  
STREET ADDRESS 1225 S.W. 197 AVE., #526  
CITY-ST-ZIP MIAMI FL 331744.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D/S ☐ DELETE  
NAME VALDES-FAULI, RAUL E  
STREET ADDRESS 2 S. BISCAYNE BLVD., #3400  
CITY-ST-ZIP MIAMI FL 331315.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D/V ☐ DELETE  
NAME SILVERO, JOSE LOPEZ  
STREET ADDRESS 9682 FONTAINEBLEAU BLVD., #404  
CITY-ST-ZIP MIAMI FL 331726.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028961

CR2E037 (9/96)