

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004232**

1. Entity Name

CUBAN AMERICAN INSTITUTE CORP



Principal Place of Business

1951 SW 62 AVE  
MIAMI FL 33155

Mailing Address

1951 SW 62 AVE  
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0769684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUDELA, MIGUEL A  
1951 SW 62 AVE  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Delete |
| NAME           | TUDELA, MIGUEL ANGEL     |                                 |
| STREET ADDRESS | 1951 SW 62 AVE           |                                 |
| CITY- ST- ZIP  | MIAMI FL 33155           |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | GONZALEZ, FELIPE         |                                 |
| STREET ADDRESS | 1951 SW 62 AVE           |                                 |
| CITY- ST- ZIP  | MIAMI FL 33155           |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | SALAS, MIGUEL            |                                 |
| STREET ADDRESS | 1951 SW 62 AVE           |                                 |
| CITY- ST- ZIP  | MIAMI FL 33155           |                                 |
| TITLE          | SD                       | <input type="checkbox"/> Delete |
| NAME           | BARBA, RAFAEL            |                                 |
| STREET ADDRESS | 8390 NW 53TH STREET #200 |                                 |
| CITY- ST- ZIP  | MIAMI FL 33166           |                                 |
| TITLE          | TD                       | <input type="checkbox"/> Delete |
| NAME           | GUERRA, PEDRO L          |                                 |
| STREET ADDRESS | 7860 SW 22 ST.           |                                 |
| CITY- ST- ZIP  | MIAMI FL 33155           |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | PEREZ, CEFERINO          |                                 |
| STREET ADDRESS | 1862 SW 245TH STREET     |                                 |
| CITY- ST- ZIP  | MIAMI FL 33145           |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | U000000286706   |
| CITY- ST- ZIP  | 04/04/05-80040-003 61.25  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY- ST- ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY- ST- ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY- ST- ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY- ST- ZIP  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Miguel A. Tudela* **MIGUEL A. TUDELA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/01/05 786553 5764*  
Date Daytime Phone #