

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S25336 (6)
1. Corporation Name
CUBAN ASSOCIATION OF NOTARY PUBLIC IN EXILE
C.A.N.P.E., INC.
371 W. Park Dr. #4, Miami Fl. 33172

Principal Place of Business Mailing Address
371 W. Park Dr. #4, Miami F. 33172

3. Date Incorporated or Qualified 01/14/1991 **3a. Date of Last Report** 05/10/95

2. Principal Place of Business	2a. Mailing Address	4. EFL Number 650351672	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

GUASCH, BALDOMERO
371 W. Park Dr. #4, 33172
Miami, Fl. 33172

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 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 Guasch, Baldomero <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	371 W. Park Dr. #4	12 NAME	
STREET ADDRESS	Miami, Fl. 33172	13 STREET ADDRESS	
CITY-ST-ZIP	D	14 CITY-ST-ZIP	
TITLE	D Bucelo, Armando <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	506 S.W. 68 Ave.	22 NAME	
STREET ADDRESS	Miami Fl.	23 STREET ADDRESS	
CITY-ST-ZIP	D	24 CITY-ST-ZIP	
TITLE	D Granda, Rolando <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2015 S.W. 84 Ct.	32 NAME	700001740927
STREET ADDRESS	Miami, Fla.	33 STREET ADDRESS	-03/13/96--01027--003
CITY-ST-ZIP	D	34 CITY-ST-ZIP	***70.00
TITLE	D Millas, Jose Rolando <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1206 Ferdinand	42 NAME	
STREET ADDRESS	Coral Gables, Fla.	43 STREET ADDRESS	
CITY-ST-ZIP	D	44 CITY-ST-ZIP	
TITLE	D Paez, Antonio <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1912 S.W. 131 Pl	52 NAME	
STREET ADDRESS	Miami Fl. 33175	53 STREET ADDRESS	
CITY-ST-ZIP	D	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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:

Baldomero Guasch
BALDOMERO GUASCH
Director Pres.

3-6-96 (28)2735693
Date Daytime Phone #

CR2E037 (12/95)