

NAME (LAST IN CAPS)

(FIRST)

(MIDDLE)

SN DX CODE

NO.

NASSER-Abraham, Antonio Michel

A-18 770 369

Alias

P.O.E.	DATE OF ENTRY	TYPE ADM.	MO.-DAY-YR. OF BIRTH	COUNTRY OF BIRTH
MIA	05-09-71	C7-P	04-15-99	LEBANON

Type of Action:

I-485A

Name of Sponsor:

Action on VP: (Decision) (Mo.) (Day) (Year) (Section) (Forwarded to Consul at:)

APVD MIA 01-10-74

1

Street Address (City, State, and Zip Code)

* 2810 SW 5 St. Miami, FL 33135

FCO	Date	FCO	Date	FCO	Date
MIA	02-20-74 hz				

Accession No.

Box No.

CORRECTED INDEX CARD

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
51 S.W. 1st. Ave. (Room 1402)
Miami, Florida 33130

FILE NO. A-18 770 369 TC)jvl

DATE: December 26th., 1973

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

mp

Antonio Michel NASSER-Abraham
2810 South West 5th Street
Miami, Florida 33135

INSTRUCTIONS FOR MEDICAL EXAMINATION

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" x 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the boxes checked below with regard to your medical examination.

Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U.S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS:

DATE:

TIME:

Please communicate immediately with ██████████ one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before ██████████.

██████████ PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER:

Please show this letter to any laboratory performing tests. Also present the copies of the letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

TO PHYSICIAN PERFORMING THE EXAMINATION

PLEASE OBTAIN THE APPLICANT'S SIGNATURE IN THE SPACE PROVIDED AND MEDICALLY EXAMINE HIM FOR ELIGIBILITY FOR ADJUSTMENT OF STATUS. IF THE APPLICANT IS FREE OF MEDICAL DEFECTS LISTED IN SECTION 212 (A) OF THE IMMIGRATION AND NATIONALITY ACT, ENDORSE THIS COPY OF FORM 1-486A IN THE SPACE PROVIDED AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. IF THE APPLICANT IS NOT FREE OF SUCH MEDICAL DEFECTS, DO NOT SIGN THIS FORM; INSTEAD WRITE "SEE FS-398" IN THE PHYSICIAN'S SIGNATURE BLOCK AND PREPARE MEDICAL CERTIFICATE ON FORM FS-398 AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE TOGETHER WITH THIS COPY OF FORM 1-486A FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. (IF EXAMINATION IS CONDUCTED BY A CIVIL SURGEON, INSERT IN ENVELOPE BOTH COPIES OF FORM 1-486A; X-RAYS AND LABORATORY REPORTS; AND TWO COPIES OF FORM FS-398 IF APPLICANT IS NOT FREE OF MEDICAL DEFECTS.)

DISTRICT DIRECTOR

I CERTIFY THAT THE ATTACHED X-RAY AND SEROLOGY REPORT (BLOOD TEST) RELATE TO ME.
SIGNATURE OF APPLICANT:

X Antonio M. Nasser-Abraham

PENALTY: THE LAW PROVIDES SEVERE PENALTIES FOR KNOWINGLY AND WILFULLY FALSIFYING OR CONCEALING A MATERIAL FACT OR USING ANY FALSE DOCUMENTS IN CONNECTION WITH THIS APPLICATION.

MY EXAMINATION INCLUDING X-RAY, BLOOD SEROLOGICAL AND OTHER REPORTS, WHEN NEEDED, SHOW THE APPLICANT TO BE FREE OF ANY DEFECTS, DISEASES OR DISABILITIES LISTED IN SECTION 212(A) OF THE IMMIGRATION AND NATIONALITY ACT AS AMENDED.

SIGNATURE OF PHYSICIAN

Fabio Farci MD.

DATE

TITLE

TANAR Laboratory Inc.

729 S.W. 8th ST. MIAMI, FLORIDA

DAY: 856-3194 NIGHT: 274-0679

No. 1032

PATIENT Antonio Michel Nasser Abraham.

DOCTOR P.Garcia.

1-7-74

Antistreptolysin O Titer

Todd Units

VDRL - QUAL. Non Reactive Reactive Weakly Reactive

QUANTITATIVE VDRL

FTA (Fluorescent Treponemal Antibody)

COLD AGGLUTININ TITER:

Normal: Less than 1:32

SLIDE RHEUMATOID LATEX FIXATION Neg.

Pos.

QUANT. RHEUMATOID LATEX FIXATION:

THYROGLOBULIN AUTOPRECIPITIN Neg.

Pos.

Beta Lipoprotein Precipitin

mm NV 1.5 - 2.7 mm

PTT (Partial Thromboplastin)

sec. NV 40 - 80 sec.

COLLOIDAL GOLD:

C REACTIVE PROTEIN

OTHER:

DRS. LLANES & IGLESIAS RADIOLOGICAL ASSOCIATES
PROFESSIONAL ASSOCIATION
RADIOLOGY AND NUCLEAR MEDICINE
434 SOUTHWEST TWELFTH AVENUE
MIAMI, FLORIDA 33130

CARLOS G. LLANES, M. D.
IGNACIO L. IGLESIAS, M. D.

TELEPHONE 643-4833
AREA CODE 305

January 7, 1974

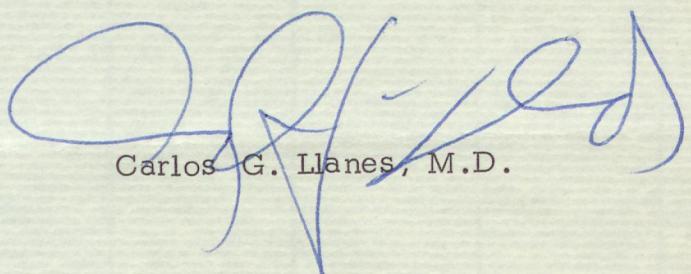
PATIENT: Antonio Michel Nasser Abraham

EXAMINATION: Chest

Examination of the chest by means of a single PA view, shows the left ventricle to be prominent. There is no evidence of infiltration or consolidation of either lung. The aorta is tortuous with calcific depositions in its transverse and descending portions. The bony structures are normal as visualized.

IMPRESSION: Prominent left ventricle with no evidence of active parenchymal disease or congestive failure.

CGL/cm.


Carlos G. Llanes, M.D.

APPLICATION BY CUBAN REFUGEE FOR PERMANENT RESIDENCE
SOLICITUD PARA RESIDENCIA PERMANENTE DE REFUGIADO CUBANO

DATE RECEIVED

MIAMI DISTRICT OFFICE
11-9-73.

FILE NO.

A-18 770 369

APPLICANT FOR BENEFITS OF

- Section 1 of the Act of November 2, 1966.
 Section 2 of the Act of November 2, 1966.

NO ESCRIBA MAS ARRIBA DE ESTA LINEA. VEA LAS INSTRUCCIONES ANTES DE EJECUTAR LA PLANILLA DE SOLICITUD. SI NECESITA MAS ESPACIO PARA CONTESTAR POR COMPLETO ALGUNA PREGUNTA, USE UN PLIEGO SEPARADO E IDENTIFIQUE CADA RESPUESTA CON EL NUMERO DE LA PREGUNTA CORRESPONDIENTE. ESCRIBA CON LETRA DE IMPRENTA.

DO NOT WRITE ABOVE THIS LINE. SEE INSTRUCTIONS BEFORE FILLING IN APPLICATION. IF YOU NEED MORE SPACE TO ANSWER FULLY ANY QUESTION ON THIS FORM, USE A SEPARATE SHEET AND IDENTIFY EACH ANSWER WITH THE NUMBER OF THE CORRESPONDING QUESTION. PRINT IN BLOCK LETTERS.

(LLENESE SOLAMENTE EL CUADRO 1A O EL 1B) (COMPLETE BLOCK 1A OR 1B ONLY)

1. A. Por la presente yo solicito convertirme en residente permanente extranjero sobre la siguiente base: (Marque solamente (1) ó (2).)

I hereby apply to become a lawful permanent resident alien on the following basis: (Check (1) or (2) only.)

(1) Yo soy nativo o ciudadano de Cuba. Fui inspeccionado por un funcionario del Servicio de Inmigración de los Estados Unidos de América y admitido o permitido entrar bajo palabra en los Estados Unidos con posterioridad al 1 de Enero 1959, y he estado físicamente presente en este país, por lo menos dos años después de eso, o I am a native or citizen of Cuba. I was inspected by a U.S. immigration officer and admitted or paroled into the United States subsequent to January 1, 1959, and have been physically present in the United States for at least 2 years thereafter, or

(2) Yo no soy nativo ni ciudadano de Cuba, sino soy — la esposa el esposo, o la hija el hijo menor de edad y de estado soltero, de un nativo o ciudadano de Cuba, tal como ha sido descrito anteriormente en "(1)", con quien estoy residiendo. Fui inspeccionado por un funcionario del Servicio de Inmigración de los Estados Unidos de América y admitido o permitido entrar bajo palabra en los Estados Unidos, con posterioridad al 1 de Enero 1959, y he estado presente físicamente en este país por los menos dos años después de eso.

I am not a native or citizen of Cuba but I am the husband wife, or minor unmarried child of a native or citizen of Cuba described in "(1)" above with whom I am residing. I was inspected by a U.S. immigration officer and admitted or paroled into the United States subsequent to January 1, 1959, and have been physically present in the United States for at least 2 years thereafter.

1. B. Por la presente yo solicito que mi permiso para residencia permanente tenga como fecha la de mi llegada original a los Estados Unidos de América cuando admitido bajo palabra o como no emigrante, o la del 2 de Mayo de 1964, de las dos la que sea posterior. (Marque solamente (1) ó (2).)

I hereby apply to have my admission for permanent residence recorded as of the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later. (Check (1) or (2) only.)

(1) Yo soy un nativo o ciudadano de Cuba, que fué legalmente admitido en los Estados Unidos para residencia permanente.

I am a native or citizen of Cuba who was lawfully admitted into the United States for permanent residence.

(2) Yo no soy nativo ni ciudadano de Cuba, sino soy la esposa el esposo, o la hija el hijo menor de edad y de estado soltero, de un nativo o ciudadano de Cuba, tal como ha sido descrito anteriormente en "(1)", con quien estoy residiendo. Fui admitido en los Estados Unidos para residencia permanente.

I am not a native or citizen of Cuba but I am the husband wife, or minor unmarried child of a native or citizen of Cuba described in "(1)" above with whom I am residing. I was admitted into the United States for permanent residence.

2. Mi nombre es My name is	(Apellido) (Last)	(Nombre de pila) (First)	(Nombre intermedio(s)) (Middle)	Mi numero de Registro de Extranjeros es My alien registration number is	SEXO <input checked="" type="checkbox"/> Masculino SEX <input type="checkbox"/> Male	<input type="checkbox"/> Femenino <input type="checkbox"/> Female
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NASSER, Antonio Michel

A-18-770-369

3. Yo vivo en los Estados Unidos en: I reside in the United States at:	(Núm. del Apt.) (Apt. No.)	(Calle y Núm.) (No. and Street)	(Ciudad) (City)	(Estado) (State)	(Código postal-ZIP) (ZIP Code)
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2810 S.W. 5 St Miami Fla 33135

4. Fecha de nacimiento Date of Birth	Lugar de nacimiento Place of Birth	(Pueblo o ciudad) (City or Town)	(Departamento o provincia) (County, Province, or State)	(País) (Country)	Ahora soy un ciudadano de (País) I am now a citizen of (Country)
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4/15/99

Monte Libano

CUBA

5. Mi primera llegada a los Estados Unidos, después del 1 de enero de 1959, fué en: My first arrival in the United States after January 1, 1959, occurred on Fecha (Mes, día y año) Date (Month, Day, Year)	Al puerto o aeropuerto de At the Port of (City, State)	Yo llegué por (Nombre del barco u otro medio de transporte) I arrived by (Name of vessel or other means of travel)
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como un (Visitante, estudiante, ciudadano de los EE.UU. polisón, inmigrante,
bajo palabra, etc.)
as a (Visitor, student, U.S. citizen, stowaway, immigrant, parolee, etc.)

11/13/69 Miami, Fla

Parolee

Airlift

<input checked="" type="checkbox"/> Pasé I <input type="checkbox"/> was	<input type="checkbox"/> No pasé por la inspección. <input type="checkbox"/> was not inspected	Mi visa de no inmigrante fue expedida por el Consul de los Estados Unidos en (Ciudad, País) el (Fecha: dia, mes, año). My nonimmigrant visa was issued by the U.S. Consul at (city, state) on (month, day, year)
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NOTA: Llénese desde la Casilla 6 hasta la Casilla 11 solamente si usted ha marcado la Casilla 1A.
NOTE: Complete Blocks 6 through 11 only if you checked BLOCK 1A.

6. Yo soy <input type="checkbox"/> soltero(a) <input type="checkbox"/> casado(a) <input type="checkbox"/> divorciado(a) <input checked="" type="checkbox"/> viudo(a)	I am <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed
a. Yo he estado casado <input type="checkbox"/> veces, incluyendo mi matrimonio actual (si está casado ahora) (Si está casado ahora de los siguientes datos) (If you are now married give the following)	I have been married <input type="checkbox"/> times, including my present marriage, if now married.
b. Número de veces que mi marido (esposa) se ha casado. Number of times my husband (wife) has been married.	c. Nombre de mi marido (esposa). Name of husband (wife).
d. Mi marido (esposa) reside en <input type="checkbox"/> conmigo <input type="checkbox"/> separadamente en la dirección (Núm. del apto.) (Núm. y calle) (Pueblo o ciudad) (Provincia o Estado) (País) My husband (wife) resides <input type="checkbox"/> with me <input type="checkbox"/> apart from me at Address (Apt. No.) (Number and Street) (Town City) (Province or State) (Country)	

4
7. a. Tengo hijos o hijas: (llene todas las columnas correspondientes a cada hijo o hija; si viven con usted indique "conmigo" en la última columna; de lo contrario, indique la ciudad, el estado o país donde reside cada hijo o hija). I have sons or daughters as follows: (complete all columns as to each son or daughter; if living with you state "with me" in last column; otherwise give city and state or country of son's or daughter's residence).

(Nombre) Name	(Sexo) Sex	Lugar de nacimiento Place of Birth	Fecha de nacimiento Date of Birth	(Ahora esta residiendo en) Now Living at
Antonia	f	Hab Cuba	Feb 7/23	Phi. USA
Miguel	m	** **	Apr. 28/25	Miami, Fla
Jorge	m	** **	Feb /27	Cuba
Alberto	m	** **	Oct 11/28	Cuba Miami, Fla

b. Los siguientes miembros de mi familia también están solicitando la categoría de residentes permanentes: The following members of my family are also applying for permanent resident status.

5
8. A continuación hago una lista de todas las organizaciones, sociedades, clubs y asociaciones, pasadas o presentes, de las que he sido socio en los Estados Unidos o en algún país extranjero, y los períodos y lugares en que era socio. (Si usted nunca ha sido socio de ninguna organización, declare "Ninguna.") I list below all organizations, societies, clubs, and associations, past or present, in which I have held membership in the United States or a foreign country, and the periods and places of such membership. (If you have never been a member of any organization, state "None.")

none

9. He recibido no he recibido tratamiento por razón de un trastorno mental, adicción a drogas o alcoholismo. (De haberlo recibido, explique.)

I have not been treated for a mental disorder, drug addiction or alcoholism. (If you have been, explain.)

10. He sido no he sido arrestado, juzgado culpable o encarcelado. (De haberlo sido, explique.)

I have not been arrested, convicted or confined in a prison. (If you have been, explain.)

11. He recibido no he recibido un perdón, amnistía, decreto de rehabilitación, u otro acto de clemencia o acción similar. (De haberlo recibido, explique.)

I have not been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action. (If you have been, explain.)

12. TODA PERSONA QUE SOLICITE EL ESTADO LEGAL DE RESIDENTE PERMANENTE DEBERÁ PROBAR QUE REÚNE LOS REQUISITOS DE ADMISIÓN A LOS ESTADOS UNIDOS. SALVO DE OTRO MODO DISPUUESTO POR LEY, LOS EXTRANJEROS COMPRENDIDOS DENTRO DE LAS SIGUIENTES CATEGORÍAS NO SERÁN ADMITIDOS A LOS ESTADOS UNIDOS, Y POR LO TANTO, NO TENDRÁN DERECHO A SOLICITAR EL ESTADO LEGAL DE RESIDENTE PERMANENTE:

Los extranjeros que sean retardados mentales, dementes, o hayan sufrido uno o más ataques de locura; los extranjeros que padecen de personalidad psicopática, devoción sexual, defecto mental, adicción a drogas narcóticas, alcoholismo crónico, o cualquier enfermedad peligrosa contagiosa; los extranjeros que tengan un defecto físico, enfermedad o incapacidad que afecte su capacidad de ganarse la vida; los extranjeros que sean mendigos, pordioseros o vagos de profesión; los extranjeros que sean poligamistas o que profesan la poligamia; los extranjeros que hayan sido excluidos de los Estados Unidos dentro de los últimos doce meses, o que hayan sido en cualquier ocasión deportados de los Estados Unidos, o que en cualquier ocasión hayan sido expulsados de los Estados Unidos por cuenta y costo del Gobierno; los extranjeros que hayan obtenido, intentado obtener una visa mediante fraude o falsedad; los extranjeros que hayan salido o permanecido fuera de los Estados Unidos para evadir el servicio militar en tiempo de guerra o emergencia nacional; los extranjeros que hayan sido visitantes de intercambio y que no han cumplido el requisito de dos años de residencia en el extranjero; los extranjeros que hayan cometido o se les haya hallado culpables de algún delito que encierre tortura moral (no se incluyen las infracciones leves a las leyes de tránsito); los extranjeros que se hayan dedicado o que intenten dedicarse a cualquier trato sexual comercial; los extranjeros que sean o que alguna vez hayan sido anarquistas, o miembros de, o afiliados a cualquier partido comunista

u otro partido totalitario, inclusive cualquier subdivisión o filial de los mismos; los extranjeros que hayan abogado o profesado, sea por manifestaciones personales, escritos o impresos, o mediante afiliación con un organismo, (i) oposición al gobierno constituido, (ii) la derrocaración del gobierno mediante la fuerza y la violencia, (iii) el asalto o el asesinato de funcionarios gubernamentales por razón de sus personerías oficiales, (iv) la destrucción ilegal de propiedad, (v) el sabotaje, (vi) las doctrinas del comunismo internacional, o el establecimiento de una dictadura totalitaria en los Estados Unidos; los extranjeros que intenten participar en actividades perjudiciales o ilegales de carácter subversivo; los extranjeros que hayan sido hallados culpables de violar cualquier ley o reglamento relacionado con drogas narcóticas o marihuana; o que hayan sido traficantes ilícitos de drogas narcóticas o marihuana; los extranjeros que hayan estado inmigrados en prestar ayuda a cualquier otro extranjero para entrar a los Estados Unidos violando las leyes; y los extranjeros que han solicitado exención o licenciamiento de entrenamiento o servicio en las Fuerzas Armadas de los Estados Unidos por razón de ser extranjero, s. que hayan sido eximidos o licenciados de tal entrenamiento o servicio.

¿Le corresponde a usted alguna de dichas categorías? Si No

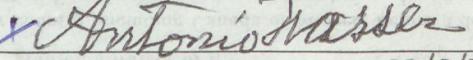
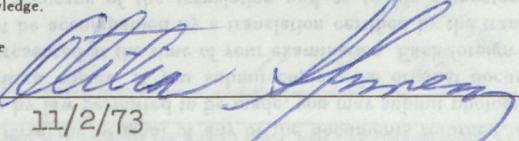
(De contestar Si, sírvase explicar)

APPLICANTS FOR STATUS AS PERMANENT RESIDENTS MUST ESTABLISH THAT THEY ARE ADMISSIBLE TO THE UNITED STATES, EXCEPT AS OTHERWISE PROVIDED BY LAW. ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STATES AND ARE THEREFORE INELIGIBLE FOR STATUS AS PERMANENT RESIDENTS:

Aliens who are mentally retarded, insane, or have suffered one or more attacks of insanity; aliens afflicted with psychopathic personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism or any dangerous contagious disease; aliens who have a physical defect, disease or disability affecting their ability to earn a living; aliens who are paupers, professional beggars or vagrants; aliens who are polygamists or advocate polygamy; aliens who have been excluded from the United States within the past year, or who at any time have been deported from the United States, or who at any time have been removed from the United States at Government expense; aliens who have procured or have attempted to procure a visa by fraud or misrepresentation; aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency; aliens who are former exchange visitors who have not fulfilled their two year foreign residence requirement; aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations); aliens who have been engaged in or who intend to engage in any commercialized sexual activity; aliens who are or at any time have been anarchists, or members of

or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof; aliens who have advocated or taught either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (i) opposition to organized government, (ii) the overthrow of government by force and violence, (iii) the assaulting or killing of government officials because of their official character, (iv) the unlawful destruction of property, (v) sabotage, or (vi) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States; aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature; aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marihuana, or who have been involved in assisting any other aliens to enter the United States in violation of law; and aliens who have applied for exemption or discharge from training or service in the Armed Forces of the United States on the ground of alienage and who have been relieved or discharged from such training or service.

Do any of the foregoing classes apply to you? Yes No (If answer is Yes, explain)

13. <input checked="" type="checkbox"/> La planilla G-325A terminada (Información Biográfica), está unida aquí como parte de esta solicitud. <input type="checkbox"/> Completed Form G-325A (Biographic Information) is attached as part of this application.		<input type="checkbox"/> No se adjunta el Formulario G-325A (Datos Biográficos) debido a que el solicitante es menor de 14 años de edad. <input type="checkbox"/> Completed Form G-325A (Biographic Information) is not attached as applicant is under 14 years of age.
14. SI SU ALFABETO NATIVO NO ES DE LETRAS ROMANAS ESCRIBA SU NOMBRE EN SU ALFABETO NATIVO DEBAJO: IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET BELOW:		15. (Firma del solicitante) Signature of Applicant  (Fecha) Date 11/2/73
(Firma de la persona que ha preparado la planilla, si fuera otra que el solicitante.) Yo declaro que este documento ha sido preparado por mi, a petición del solicitante y que está basado en toda la información de que tengo conocimiento. (Signature of person preparing form, if other than applicant.) I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.		
(Firma) Signature 	(Dirección) Address Archdiocese of Miami Immigration Services 130 N. E. 2nd Street Miami, Florida 33132	(Ocupación) Occupation
(Fecha) Date 11/2/73		

(La solicitud no debe ser firmada al pie, hasta que el solicitante aparezca delante de un funcionario del Servicio de Inmigración y Naturalización para ser examinado.)

(Application not to be signed below until applicant appears before an officer of the Immigration and Naturalization Service for examination.)

Yo juro (afirmo) que conozco el contenido de esta solicitud, que el mismo es verdadero, según mi mejor conocimiento, y que las correcciones numeradas () a () fueron hechas por mí, o a petición mía, y que esta solicitud fué firmada por mí con mi nombre completo y verdadero:

I do swear (affirm) that I know the contents of this application subscribed by me including the attached documents, that the same are true to the best of my knowledge, and that corrections numbered () to () were made by me or at my request, and that this application was signed by me with my full, true name:

Subscribed and sworn to before me by the above-named applicant

Al. _____ (Month) Jan. 9, 1974 (Day) (Year)

(Firma completa y verdadera del solicitante)
(Complete and true signature of applicant)

(Signature and title of officer)

INSTRUCCIONES PARA LLENAR Y PRESENTAR UNA SOLICITUD PARA LA RESIDENCIA PERMANENTE DE REFUGIADO CUBANO

1. SOLICITUD. Cada interesado debe someter una solicitud por separado. Una solicitud para un niño o una niña menor de 14 años de edad debe ser preparada por uno de los padres o por el tutor. El formulario Form G-325A (Información Biográfica) debe completarse y someterse con cada solicitud en la que se haya marcado la casilla de la Sección 1A si el solicitante tenga 14 o más años de edad. La falta de cumplimiento de lo anterior ocasionará demoras e incluso puede ocasionar la devolución de la solicitud. Cada solicitud debe ser sometida a la oficina sucursal del Servicio de Inmigración que tiene jurisdicción sobre el lugar de residencia del solicitante.

2. FOTOGRAFIAS. Con esta solicitud deben someterse dos fotografías del solicitante, tomadas no más de treinta días antes de la fecha de esta solicitud. Las fotografías deben ser del tamaño de 1-1/2 por 1-1/2 pulgadas (aproximadamente 4 cm x 4 cm) y la distancia desde lo alto de la cabeza a la punta de la barba debe ser de 1-1/4 pulgadas aproximadamente (unos 3 cm). No deben estar pegadas en tarjetas ni tener montura ninguna, deben estar hechas en cartulina fina, tener un fondo claro y mostrar claramente la cara de frente, sin sombrero. No se aceptarán fotografías instantáneas, de grupos, de cuerpo entero o fotos hechas en máquinas automáticas. Con un lápiz de plomo suave o de color, para evitar dañar la fotografía, escriba ligeramente su nombre en el revés.

3. IMPRESIONES DACTILARES. Todo solicitante de 14 o más años de edad que haya marcado cualquiera de las casillas en el Cuadro 1A de su solicitud deberá someter una tarjeta con un juego completo de impresiones dactilares (Formulario I-413). Las tarjetas de impresiones dactilares, con las instrucciones para llenarlas, se pueden obtener en cualquier oficina del Servicio de Inmigración y Naturalización. Usted puede pedir que le tomen las impresiones dactilares en el Formulario I-413 en una oficina de este Servicio, o si usted lo prefiere, puede llenar el Formulario I-413 en una oficina de la policía, o del sheriff, y pedir que le tomen las impresiones en dicha tarjeta. Usted debe firmar la tarjeta ante el funcionario o agente que le tome las impresiones, quien deberá entonces poner su propia firma y anotar la fecha en los espacios correspondientes. Es importante que usted dé toda la información que se solicite en la tarjeta. Si usted marcó una de las casillas en el Cuadro 1B, no necesitará someter una tarjeta de impresiones dactilares con su solicitud.

4. DOCUMENTOS.

a. **Instrucciones generales.** Todos los documentos que se envíen deben ser los originales. Si quiere que se le devuelvan los originales de cualquiera de los documentos y si la ley no prohíbe hacer copias de los

mismos, puede usted enviar copias fotostáticas o hechas a máquina. Si somete copias, los documentos originales deben presentarse cuando usted vaya a examinarse. Todos los documentos que no estén en inglés deben llevar adjunta una traducción al idioma inglés, certificada por el traductor en cuanto a la exactitud de la misma y su capacidad para hacer traducciones.

b. Someta los documentos siguientes únicamente si ha marcado la casilla en la Sección 1A de la solicitud:

(1) Partida de nacimiento.

(2) Cuando se le pida que se presente para hacerle una entrevista usted deberá traer consigo su permiso provisional de entrada (Formulario I-94, REGISTRO DE ENTRADA-SALIDA) y su PASAPORTE.

(3) Si usted ha marcado la Casilla 1A (2) de la solicitud en su condición de cónyuge: certificado de matrimonio y pruebas de la terminación legal de todos los matrimonios anteriores de cada cónyuge. Si usted ha marcado la Casilla 1A (2) en su condición de hijo menor soltero: certificado de matrimonio de los padres, tanto como pruebas de que todos los matrimonios anteriores de los padres han terminado legalmente, si dichos documentos no han sido presentados por uno de los padres.

(4) Si es usted un funcionario no emigrante de un gobierno extranjero, un miembro de la familia o empleado de tal persona; o una persona cuyas actividades están autorizadas por un tratado, el cónyuge o hijo de dicha persona; o el representante de un gobierno extranjero ante una organización internacional; un miembro de la familia o empleado de dicha persona, usted tiene que someter el formulario Form I-508, renunciando a todos los derechos, privilegios, exenciones e inmunidades que de otra forma le serían concedidos en virtud de dicho status.

c. Si usted ha marcado la Casilla 1B (1) ó (2), someta su Tarjeta de Recibo de Registro de Extranjero (Formulario I-151).

5. PARIENTES CERCANOS Y EXTRANJEROS CON PREFERENCIA. Si usted es cónyuge o hijo soltero menor de edad de un ciudadano de los Estados Unidos, o si tiene un hijo que es ciudadano de los Estados Unidos y que haya cumplido 21 años de edad, es posible incluirlo a usted en la categoría de parientes cercanos. En tal caso, una solicitud de visa debe ser radicada en su nombre, a menos que su cónyuge, padre o madre, hijo o hija ciudadano de los Estados Unidos esté incapacitado

(continúa página 4)

ADVERTENCIA: Si tiene usted la intención de salir de los Estados Unidos a cualquier otro país, incluso el Canadá o México, antes de que se haya cursado su solicitud, consulte con la oficina del Servicio de Inmigración y Naturalización que esté tramitando su caso antes de salir del país. La ley dispone penas severas para todo aquél que, a sabiendas y con propósito de engaño, falsifique o no revele un dato pertinente, o use cualquier documento falso al someter esta solicitud.

(Vea el revés para instrucciones en inglés)

**INSTRUCCIONES PARA LLENAR Y PRESENTAR UNA SOLICITUD
PARA LA RESIDENCIA PERMANENTE DE REFUGIADO CUBANO**

para radicar dicha solicitud o rehuse radicar la misma en su nombre por cualquier razón que no fuese el costo o los inconvenientes inherentes a dicho trámite.

6. EXTRANJEROS QUE NO PUEDEN SOLICITAR UN AJUSTE DE CONFORMIDAD CON LA LEY. No podrá usted ajustar su status conforme a la Ley si:

a. No llena usted los requisitos que se indican en una de las casillas de la Sección 1A ó 1B de esta solicitud.

b. Usted es o ha sido un visitante bajo el programa de intercambio (con visa J-1 ó J-2), sujeto al requisito de dos años de residencia en el extranjero, conforme a la sección 212(e) de la Ley de Inmigración y Nacionalización, a no ser que usted haya cumplido con ese requisito de residencia en el exterior, o se le haya concedido una excepción al mismo.

**INSTRUCTIONS FOR APPLICATION
UNDER THE ACT TO ADJUST STATUS OF CUBAN REFUGEES**

1. APPLICATION. A separate application must be executed by each applicant. An application in behalf of a child under 14 years of age shall be executed by the parent or guardian. Form G-325A (Biographic Information) must be completed and submitted with each application in which a box in Block 1A has been checked, if you are 14 years of age or older. Failure to do so delays action and may result in return of the application. The application should be submitted to the Immigration and Naturalization Service office having jurisdiction over your place of residence.

2. PHOTOGRAPHS. You must submit with this application two photographs of yourself taken within 30 days of the date of this application. These photographs must be 1½ by 1½ inches in size, and the distance from top of head to point of chin should be approximately 1¾ inches. They must not be pasted on cards or mounted in any way, must be on thin paper, have a light background, and clearly show a front view of your face without hat. Snapshots, group, full-length portraits or vending machine photographs will not be accepted. Using crayon or soft pencil to avoid possible mutilation of the photographs, write your name lightly on the reverse of the photographs.

3. FINGERPRINTS. A completed fingerprint card (Form I-413) must be submitted by each applicant, 14 years of age or older, who checked any box in Block 1A of the application. Fingerprint cards with instructions for their completion are available at any office of the Immigration and Naturalization Service. You may have your fingerprints recorded on Form I-413 at an office of this Service or you may prefer to present Form I-413 to a police station or sheriff's office and request an officer there to record your fingerprints on the card. The card must be signed by you in the presence of the officer taking your fingerprints, who must then sign his name and enter the date in the spaces provided. It is important to furnish all the information called for on the card. If you checked a box in Block 1B, you should not submit a fingerprint card with your application.

4. DOCUMENTS.

a. *General.* All documents must be submitted in the original. If you desire to have the original of any of the documents returned, and if copies are by law permitted to be made, you may submit photographic or typewritten copies. If you submit copies, the original documents must be presented at the time of your examination. Each foreign document must be accompanied by a translation certified by the translator as to the accuracy of the translation and as to his competency to translate.

b. Submit the following documents only if you checked a box in Block 1A of the application:

WARNING: If you contemplate departing from the United States to any country, including Canada or Mexico, before a decision is made on your application, consult with the office of the Immigration and Naturalization Service processing your case before departure.

Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact or using any false document in the submission of this application.

(1) Record of your birth.

(2) When you are requested to appear for interview you will be required to bring with you your temporary entry permit (Form I-94, ARRIVAL-DEPARTURE RECORD) and your PASSPORT.

(3) If you have checked Block 1A(2) of the application as a spouse: marriage certificate and proof of termination of all prior marriages of each spouse. If you checked Block 1A(2) as an unmarried minor child: marriage certificate of parents, together with proof of termination of their prior marriages if such documents have not been submitted by a parent.

(4) If you are a nonimmigrant foreign government official, a member of the family or servant of such person; or a treaty trader, the spouse or child of such person; or a foreign government representative to an international organization or a member of a family or servant of such person, you must submit Form I-508, waiving all rights, privileges, exemptions and immunities which would otherwise accrue to you by virtue of such status.

c. If you checked 1B(1) or (2), submit your Alien Registration Receipt Card (Form I-151).

5. IMMEDIATE RELATIVE AND PREFERENCE ALIENS.—If you are the spouse or minor unmarried child of a United States citizen, or if you are the parent of a United States citizen who is at least 21 years of age, you are classifiable as an immediate relative; a visa petition must be filed in your behalf unless your United States citizen spouse, parent or son or daughter is unable or unwilling to file the petition for a reason other than the cost or inconvenience of doing so.

6. ALIENS INELIGIBLE FOR ADJUSTMENT UNDER THE ACT.
You are ineligible for adjustment of status under the Act, if:

a. You do not meet the description in one of the items of Block 1A or Block 1B of this application.

b. You are or have been an exchange visitor (visa symbol J-1 or J-2) subject to the two-year foreign residence requirement of section 212(e), Immigration and Nationality Act, unless you have complied with that foreign residence requirement or have been granted a waiver of it.

Family Name (<i>Capital Letters</i>)		First Name	Middle Initial	
NASSER	Abraham,	Antonio	Michel	
Country of Citizenship		Passport or Alien Registration Number		
CUBA				
United States Address (<i>Number, Street, City and State</i>)				
3650 S.W.. 5 St., Miami, Fla.				
Airline and Flight No. or Vessel of Arrival		**Passenger Boarded at		
RD 935		CUBA		
Number, Street, City, Province (<i>State</i>) and Country of Permanent Residence				
Ave. Sta. Amalia #51, Arroyo Apolo, Hav.				
Month, Day and Year of Birth		PAROLED PURSUANT TO SEC. 212(d) (5) OF THE I & N ACT TO: INDEF		
4-15-1899				
City, Province (<i>State</i>) and Country of Birth				
MONTE LIBANO				
Visa Issued				
EMPLOYMENT WILL NOT AFFECT IMMIGRATION STATUS				
Month, Day and Year Visa Issued				
STAPLE HERE	(Port)	(Date)	(Officer)	<i>33</i>
	MIA, FLA 11-13-69			

SURRENDER THIS COPY WHEN LEAVING
THE UNITED STATES — SEE REVERSE



UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place	MIAMI, FLORIDA
File No.	A-18 770 369 TC)jvl

Status as a lawful permanent resident of the United States is accorded:

Name Street Address City, State, Zip	NASSER-Abraham, Antonio Michel 2810 South West 5th Street, Miami, Florida 33135	SEX Male	DATE OF BIRTH 04-15-99
COUNTRY TO WHICH CHARGEABLE (If any)	PREFERENCE (If any)	PLACE OF BIRTH Monte Libano, CUBA	NATIONALITY CUBAN
MONTE LIBANO	SEVENTH	PRIORITY DATE	

REMARKS

3

NONPREFERENCE: Section 212(a)(14) certification not required because:

- Individual section 212(a)(14) certification issued Blanket section 212(a)(14) certification issued
under the following provision of law:

- Sec 203(h) of the I & N Act Sec 249 of the I & N Act Sec 214(d) I & N Act
 Sec 244() of the I & N Act Sec 1 of the Act of 11/2/66 Private Law no. _____ of the _____
 Sec 245 of the I & N Act Sec 13 of the Act of 9/11/57 _____
(Other law Specify)

As of 05 09 71 at MIAMI, FLORIDA
(Month) (Day) (Year) PORT OF ENTRY FOR PERMANENT RESIDENCE

Class of admission (Insert symbol) C7-P (83)

(Applicable in all cases)		DATE OF ACTION	U.S. APPROVED INS
RECOMMENDED BY: (Immigration Officer)	(Date)	DD	JAN 10, 1974
<i>Doris J. Mayhew 1-10-74</i>		DISTRICT	<i>Robert L. Wartech</i> MIAMI, FLORIDA

FOR USE BY VISA CONTROL OFFICE

Date _____	STATISTICS
Foreign State _____	
Preference Category _____	
Number _____	
Month of Issuance _____	
Signed _____	
(Visa Office, Dept. of State)	

Form I-357 delivered Form I-151 delivered Form I-151 mailed Form G-153 delivered

CC: Visa Control Office, Visa Office, Department of State, Washington, D.C. 20520 for allocation of Immigrant visa number.

State Director, Selective Service

INSTRUCTIONS

GENERAL: To request allocation of a visa number for a preference or nonpreference case under Section 245 or for a Western Hemisphere number under Section 1 of the Act of November 2, 1966, mail original and one copy to Visa Control Office. When grant of permanent residence becomes final, the copy returned by the Visa Control Office which allocates the visa number shall be appropriately endorsed, and placed in the file. In such cases the triplicate copy, which was retained in the file, shall be noted to show the date permanent residence status is granted and forwarded to the State Director of Selective Service in the case of every male alien born on or after September 15, 1925, and who has reached 18 years of age. If not required for this purpose, it shall be destroyed. In cases where permanent residence is granted without referral to the Visa Control Office, except where Selective Service is to be notified, only an original 1-181 need be prepared and placed in the file. In other cases where outstanding instructions require the form 1-181 to be forwarded to the Visa Control Office, it shall be prepared in duplicate and the original placed in the file, except when an additional copy is required to notify Selective Service.

PREFERENCE: Under Section 245, the priority date will be the filing date of one of the first six preference petitions.

NONPREFERENCE: Under Section 245, the priority date shall be fixed by the following factors, whichever is the earliest; (1) the priority date accorded the applicant by the consular officer as a nonpreference immigrant; (2) the date on which application Form 1-485 is properly filed, if the applicant establishes that he is a member of a profession or a person with exceptional ability in the sciences or the arts not included in the Department of Labor's Schedule A (29 CFR 60) provided a certification is issued on that basis, or that he is within Schedule A, or that the provisions of Section 212(a)(14) of the Act do not apply to him; (3) the date on which an approved valid third or sixth preference visa petition in his behalf was filed; or (4) the date an application for certification based on a job offer was accepted for processing by any office within the employment service system of the Department of Labor, provided the certification applied for was issued. A nonpreference priority date, once established, is retained by the alien even though at the time a visa number becomes available and he is allotted a nonpreference visa number he meets the provisions of Section 212(a)(14) of the Act by some means other than that by which he originally established entitlement to the nonpreference priority date.

LABOR CERTIFICATION: Check and complete the block regarding certifications on the form as appropriate in a nonpreference case.

REMARKS: If the visa number requested is based on Section 202(b)(1), (2), (3) or (4) or Section 203(a)(9) of the Act explain as appropriate in "Remarks" block.

DELAY NOTICE: When the Service must obtain a visa number from the Department of State before granting permanent residence, the letter portion of this form notifying of the delay is mailed to the applicant with a copy to the attorney of record. In represented cases the attorney is notified of the approval of an application by furnishing him with a copy of the notice which is part of this form.

V-13 110 390 L-101

NIVIPI EPOKIDY

RECORD OF INFORMATION DISCLOSURE
(Privacy Act)

NAME: NASSER ANTONIO

FILE NO: 18 770 369

Purpose: Review of a file to ascertain length of residence and date of adjusted status to determine eligibility for Medicare Benefits.

Disclosed to: Joseph R. Scott, Assistant Manager
Social Security Administration
1444 Biscayne Boulevard, Suite 100
Miami, Florida 33132

DATE: 1/15/77

RELEASED BY: J. Ward

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

Processing Sheet

Application or
Petition Form No.

I-485A

File No. A-18 720 369

Check's mailed: 11-14-73
Roll Back date: 5-9-71

74 years old
Born: Montevideo, Uruguay
Citizen: Cuba

SS#
264-23-1332

CY-P (83) 3
No: PPL 110 74
BC-
I-94. J.W.

This form may be overprinted or stamped to show instructions, items requested, items received, or other pertinent data which may facilitate processing.

Keep this sheet on top of all material in file until initial decision is made

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
51 S.W. 1st Ave. (Room 1402)
Miami, Florida 33130

FILE NO. A-18 770 369 TC jvl

DATE: December 26th, 1973

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

mp

Antonio Michel NASSER-Abraham
2810 South West 5th Street
Miami, Florida 33135

INSTRUCTIONS FOR MEDICAL EXAMINATION

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" x 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the boxes checked below with regard to your medical examination.

- Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U.S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS:

DATE:

TIME:

- Please communicate immediately with ~~the following listed physician or with~~ one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before _____.

~~PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER:~~

Please show this letter to any laboratory performing tests. Also present the copies of the letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

INSTRUCTIONS FOR IMMIGRATION INTERVIEW

AN APPOINTMENT HAS ALSO BEEN MADE FOR AN INTERVIEW BEFORE AN IMMIGRATION OFFICER AT:

ADDRESS: FEDERAL BUILDING, Room 1402D
51 S.W. 1st Avenue
Miami, Florida 33130

DATE: Thursday, Jan. 10th, 1974
TIME: 1:30 P.M.

Bring with you at the time of interview the following:

1. The sealed envelope furnished to you by the physician who performed the medical examination.
2. Your passport and Form I-94. **ALSO YOUR BIRTH CERTIFICATE AND ENCLOSED FORM SS-5 COMPLETED**

NOTE: IF YOU DO NOT SPEAK ENGLISH, A PERSON OF YOUR OWN SEX WHO CAN ACT AS INTERPRETER SHOULD ACCOMPANY YOU TO THE MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW.

 FAILURE TO KEEP THESE APPOINTMENTS AND TO BRING THE REQUIRED DOCUMENTS WILL DELAY YOUR CASE. 

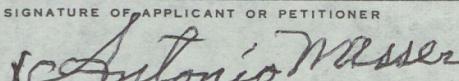
BRING PASSPORT AND I-94

District Director

FILE COPY

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization ServiceForm Approved
OMB No. 43-R436BIOGRAPHIC
INFORMATIONMIA/TC
11-14-73

I-485A

(Family name) NASSER, Antonio Michel	(First name) Antonio Michel	(Middle name)	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) 4/15/99	NATIONALITY Libanes	ALIEN REGISTRATION NO. (If any) A-18-770-369		
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH Monte Libano			SOCIAL SECURITY NO. 423-1332		
FATHER Nasser	FAMILY NAME Michel	FIRST NAME Monte Libano	CITY AND COUNTRY OF RESIDENCE deceased					
MOTHER(Maiden name) Abraham	SARA							
HUSBAND(If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE		
FORMER HUSBANDS OR WIVES(if none, so state)								
FAMILY NAME (For wife, give maiden name) Moises,	FIRST NAME Adela	BIRTHDATE Jan 15/04	DATE & PLACE OF MARRIAGE -Jan /1921 Linano deceased	DATE AND PLACE OF TERMINATION OF MARRIAGE In Miami Fla				
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.								
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR	
2810 S.W. 5 St	Miami	Fla	USA	Sept	72	PRESENT TIME		
2996 S.W. 16 St	Miami	Fla	USA	Jan	72	Sept	72	
831 S.W. 29 Ct	Miami	Fla	USA	Oct	71	Jan	72	
2614 S.W. 11 St	Miami	Fla	USA	Oct	70	Oct	71	
3650 S.W. 5 St	Miami	Fla	USA	Nov	69	Oct	70	
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR								
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR	
Ave Sta Amalia # 51	Arroyo	Apolo	Cuba		69	Nov	69	
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.								
FULL NAME AND ADDRESS OF EMPLOYER none				OCCUPATION(SPECIFY)	MONTH	YEAR	MONTH	YEAR
							PRESENT TIME	
Show below last occupation abroad if not shown above. (Include all information requested above.)								
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS <input type="checkbox"/> OTHER (SPECIFY):				SIGNATURE OF APPLICANT OR PETITIONER 			DATE 11/2/73	
IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:								
Are all copies legible? <input checked="" type="checkbox"/> Yes								

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) NASSER,	(Given name) Antonio	(Middle name) Michel	(Alien registration number) A-18-770-369
(OTHER AGENCY USE) <i>74 years old</i>			INS USE (Office of Origin) MIA/TC 11-14-73 I-485A <i>D-30</i>
(1) Ident.			

NAME (LAST)

(FIRST)

(MIDDLE)

FILE NO.

NASSER

Abraham

Antonio Michel

A18 770 369

Date & Place of Birth

Present Address

Foreign Address

4-15-1899

3650 S.W. 5 St.

Ave. Sta. Amalia #51, Arroyo

MONTE LIBANO

Miami, Fla.

Apolo, Hav.

Place of Entry

Date

Manner

MIA

11-13-69

RD 935

Nationality

V/D to

Deferred Inspection

Paroled to

CUBA

INDEF

Occupation in Cuba

Foreign Military Service & Rank

Visa Type

Place of Issue

Date of Issue

Valid to

Limited or Unlimited

Passport No.

Date Issued

Validity Date

Birth Certificate

99859

6-8-62

Marital Status

Name & Address of Spouse

M-Adela ELIAS Failun-acc.

Reasons Claimed for Being Unable to Return to Country of Nationality

SE-180

POL

Rev. 5-25-62 (10)

A V I S O

Si Ud. ha recibido entrenamiento para actuar como espia o en acciones de sabotaje, o si alguien en Cuba u otro estado extranjero le pidió que lo hiciera, o que obtuviera informes de carácter de inteligencia o espionaje para Cuba, las leyes de los Estados Unidos de Norteamérica requieren que eso sea referido al Departamento de Justicia. Si Ud. no lo refiere, Ud. puede ser arrestado o deportado de los Estados Unidos.

Hay a su disposición un agente del Federal Bureau of Investigation (FBI) quien representa el Departamento de Justicia, que está dispuesto a recibir toda clase de información sobre este asunto que Ud. quiere pasar.

Si Ud. desea dar esa información, no firme la presente, sino demande que se le ponga en contacto con un agente del FBI. Yo nunca fui político ni de eso, y para

Si Ud. no tiene ninguna información de esta clase, sirvase leer y firmar la siguiente declaración, usando su nombre completo y correcto:

el Gobierno cubano muchos menos yo soy el enemigo más grande del Gobierno de Cuba hoy y mañana y siempre
No he recibido ningún entrenamiento para actuar como espia o en actos de sabotaje, ni se me ha pedido que lo hiciera, ni siquiera se me ha encargado obtener información de espionaje para Cuba o cualquier otro estado extranjero.

13 de Noviembre 1969

Antonio M. Passla

Fecha

Firma

ruego a udes que no publicar mi nombre que todavía tengo dos hijos en Cuba

GROUP

	POS.	NEG.
FBI		✓
CIA		✓
STATE		✓
G.I.C.P.		Pm
O.N.I.	—	
OSI		
C.I.		
S.L.B.		12
DATE TO H.E.W.	AUG 1	1969
OFFICER	<i>J. A. Morarty</i>	

GROUP #

POS. NEG.

FBI

CIA

STATE

C. I. C. P.

F. B. I.

OSI

C. I. C.

SEL B

DATE TO
H E W AUG 12 1966

OFFICER

W. J. Monarby