

For citation purposes:

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Record Group 566, Records of the U.S. Citizenship and Immigration Services

Department of Justice. Immigration and Naturalization Service.

Alien Case Files, 1944-2003

Alien Case File A17376917 Luis Sotto Cespedes

National Archives Identifier: 5467838

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place Miami, Florida
 File No. A- 17 376 917 TCA

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

NAME SOTTO-CESPEDES, LUIS		Sex MALE
ADDRESS 2760 S.W. 14th Street, Miami, Florida 33145		
NATIONALITY Cuban	DATE OF BIRTH 11-25-89	PLACE OF BIRTH Cuba
COUNTRY TO WHICH CHARGEABLE (If any) Western Hemisphere	PREFERENCE: (If any)	PRIORITY DATE 10-02-68
REMARKS 3		

NONPREFERENCE: Individual section 212(a)(14) certification issued; Blanket section 212(a)(14) certification issued;
 Section 212(a)(14) certification not required because **Cuban Refugee**

As of **09 08 66** at **Miami, Florida**
 (Month) (Day) (Year) (Place)
 Class of admission (insert coding symbol) **CU-6 (SA-1)** (83)

the requirements of the following provision of law having been fulfilled.

- | | |
|--|---|
| <input type="checkbox"/> Sec 203(h) of the I & N Act | <input type="checkbox"/> Sec. 2 of the Act of 11/2/66 |
| <input type="checkbox"/> Sec 244 () of the I & N Act | <input type="checkbox"/> Sec 13 of the Act of 9/11/57 |
| <input type="checkbox"/> Sec 245 of the I & N Act | <input type="checkbox"/> Private Law no. _____ of the _____ |
| <input type="checkbox"/> Sec 249 of the I & N Act | <input type="checkbox"/> Congress _____ session |
| <input checked="" type="checkbox"/> Sec. 1 of the Act of 11/2/66 | <input type="checkbox"/> _____
(Other law - Specify) |

(Applicable in all cases)
 Date **MAR 25 1969** Recommended by *Joseph J. Farley*
 Immigration Officer
 Date **JUL 02 1969** Approved **ROBERT L. WOYTUCH**
Robert L. Woytuch
 District Director

FOR USE BY VISA CONTROL OFFICE

Date JUN 13 1969	WESTERN HEMISPHERE
Foreign State	SA-1
Preference Category	REduced BY ONE
Number	JULY
Month of Issuance	07-24-69
Signed <i>R</i>	(Visa Office, Dept. of State)

1151 ISSUED AND LAMINATED 07-24-69
ENDORSED AND SENT TO C.O.

Date Form I-357 delivered _____ G-153 _____

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

Form I-181 (Rev. 11-2-66) UNITED STATES DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE

Selective Service Director

1925 Visa

CC: Court Office, Alien Office, Consular Office, D.C. 20230. For application to nonimmigrant cases to which the Immigration Act of 1924 applies.

INSTRUCTIONS

Form I-181, M-1, May 1925

G-123

To request allocation of a visa number for the preference or nonpreference case under Section 245 complete form in triplicate and mail original and one copy to Visa Control Office. In other cases where outstanding instructions require the form to be forwarded to the Visa Control Office, it shall be prepared in duplicate and the original placed in the file. When grant of permanent residence becomes final, the file copy shall be appropriately endorsed. 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 I-181 need be prepared and placed in the file.

In addition to the above copies, a copy of Form I-181, noted to show the date permanent residence status is granted, shall be 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.

PREFERENCE: Under Section 245, the priority date will be the filing date of the petition.

NON-PREFERENCE: 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 non-preference immigrant; (2) the date on which application Form I-485 is filed, if the applicant establishes that the provisions of section 212(a)(14) of the Act do not apply to him or that he is a qualified member of an occupation within Schedule A, 29 CFR 60; or (3) the date of issuance of an individual certification by the Secretary of Labor pursuant to section 212(a)(14) of the Act, if such individual certification is required.

 Section 212(a)(14) of the Act. Check and complete the block re certifications on the form as appropriate in a nonpreference case. Section 202(b)(1), (2), (3), or (4).

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."

Each line typed or printed must be followed by a double space.

(Name, address, telephone number, date when to apply)

G-123 (LAC)

JUN 16 1925
AM 9:24
G-123 (LAC)
IMMIGRATION
AND NATURALIZATION
SERVICE
MIAMI DISTRICT
OFFICE

NAME	ADDRESS	STATE OR TERRITORY
WILLIAM H. HARRIS	G-123-L	CITY
ATTACHMENT	DATE OF BIRTH	NAME
APPROVED	PLACE OF BIRTH	NOTE
		EX
NAME	NAME	NOTE
SIR J. SEASIDE OTTO		

Each line typed or printed must be followed by a double space.

JUN 16 1925 (LAC) - A

NAME

TITLE

MANUAL OF PROCEDURE ON RECORD OF CURRENT PERMANENT RESIDENCE

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

(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. CHECK ITEM 1 OR 2 AND COMPLETE AS APPROPRIATE.) IMPORTANT! EXECUTE IN ENGLISH.

(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. Marque o Sección 1 o 2 y completila propiamente. IMPORTANTE! EJECUTE EN INGLES.

FEE STAMP

P OCT 2 1968

FILE NO.

APPLICANT FOR BENEFITS OF SECTION
OF THE ACT OF NOVEMBER 2, 1966.

SECTION 2

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 A or B only.)
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 A ó B.)

A. 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

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 a 1 de Enero 1959, y he estado físicamente presente en este país, por lo menos dos años después de eso, o

B. I am not a native or citizen of Cuba but I am the wife, minor unmarried child of a native or citizen of Cuba described in "A" 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.

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 "A", con quien estoy residiendo. Yo 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 a 1 de Enero 1959, he estado presente físicamente en este país por lo menos dos años después de eso.

My alien registration number is Mi número del Registro de Extranjeros es

A-17-376-917 ✓

3. My name is Mi nombre es (First) (Nombre de pila) (Middle) (Nombre intermedio(s)) (Last) (Apellido)

LUIS SOTTO CESPEDES

4. I reside in the United States at: (Apt. No.) (Número del Apto.) (No. and Street) (Calle y Núm.) (City) (Ciudad) (State) (Estado) (ZIP Code) (Código postal-ZIP)

2760 S.W. 14th Street, Miami, Florida

5. Date of Birth Fecha de nacimiento 11/25/1889	Place of Birth (City or Town) Lugar de nacimiento (Pueblo o ciudad) Manzanillo, Oriente, Cuba	(County, Province, or State) (Partido o provincia) I am now a citizen of (Country) Ahora soy un ciudadano de (País) Cuba
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6. My first arrival in the United States subsequent to January 1, 1959, occurred on
Mi primera llegada a los Estados Unidos, con posterioridad a 1 de Enero de 1959, ocurrió el: Date (Month, Day, Year)
Fecha (Mes, día y año)
9/8/66 Miami, Fla.

I arrived by (Name of vessel or other means of travel)
Yo llegué por (Nombre del barco u otro medio de transporte)

as a (Visitor, student, U.S. citizen, stowaway, immigrant, parolee, etc.)
como un (Visitante, estudiante, ciudadano de los EE.UU. polizón, inmigrante, bajo palabra, etc.)

7. I last arrived in the United States at the port of Mi última entrada en los Estados Unidos fué por el puerto o aeropuerto de (City and State) (Ciudad y Estado) (Month) (Day) (Year) en (Mes) (Día) (Año)
same as above

by (Name of vessel or other means of travel) por (Nombre del barco u otro medio de transporte)

as a (Visitor, student, U.S. citizen, stowaway, immigrant, parolee, etc.)
como un (Visitante, estudiante, ciudadano de los EE.UU. polizón, inmigrante, bajo palabra, etc.)

NOTE: IF YOU CHECKED ITEM 2 (TO APPLY UNDER SECTION 2 OF THE ACT) YOU NEED NOT ANSWER ITEMS 8 THROUGH 16.
NOTA: SI USTED HA MARCADO LA SECCION 2 (PARA SOLICITAR BAJO LA SECCION 2 DE LA LEY) NO NECESITA CONTESTAR NADA DESDE EL ARTICULO 8 HASTA EL 16)

8. I am single married divorced widowed
Yo soy soltero(a) casado(a) divorciado (a) viudo(a)
My present occupation is: Receiving Public Assistance from
Mi ocupación actual es: Cuban Refugee Program.

a. I have been married ___ times, including my present marriage, if now married. Yo he estado casado ___ veces, incluyendo mi matrimonio actual (si está casado ahora)
(If you are now married give the following:) (Si está casado ahora dé los siguientes datos:)

b. Number of times my spouse has been married Número de veces que mi cónyuge ha estado casado once	c. Name of spouse Nombre del cónyuge Maria Ramirez	d. Date and place of birth of spouse Fecha y lugar de nacimiento del cónyuge 8/22/1890 Oriente, Cuba	e. Date and place of marriage Fecha y lugar de matrimonio 10/25/1917 Oriente, Cuba.
--	--	---	--

f. My spouse resides with me apart from me at Address (Apt. No.) (Number and Street) (Town or City) (Province or State) (Country)
Mi cónyuge reside conmigo separadamente en la dirección (Número del apto.) (Número y calle) (Pueblo o ciudad) (Provincia o Estado) (País)

9. a. I have 2 children, as follows: (complete all columns for each child) If child lives with you, state, "with me" in last column, otherwise give city and State or country of child's residence. Yo tengo ~~2~~ hijos, como a continuación se explica (completa todas las columnas). Si su hijo vive con usted, declare "conmigo" en la última columna, de otro modo, dé la ciudad y el estado a condado de la residencia del hijo.

Name (Nombre)	Sex (Sexo)	Place of Birth Lugar de nacimiento	Date of Birth Fecha de nacimiento	Now Living at (Ahora esta residiendo en)
LUIS	M	Oriente, Cuba	12/15/18	Miami, Fla.
ENRIQUE	M	Oriente, Cuba	1/3/20	Miami, Fla.

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

none

10. 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.") A continuación hago una lista de todas las organizaciones, sociedades, clubes 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".)

none

11. I have have not been charged with a violation of law (other than minor traffic violations). (If you have ever been charged with a violation of law, give date and place and nature of each charge and the final result.) Yo no se han presentado cargos judiciales contra mi (aparte de infracciones menores del tránsito) (Si alguna vez usted ha sido acusado de infringir la ley, especifique la fecha y el lugar y la naturaleza de cada acusación y el resultado final)

12. I have have not requested exemption or discharge from training or service in the Armed Forces of the United States. (If you have requested exemption or discharge from training or service in the Armed Forces of the United States, give date and place of your request, the reason for such request, and specify to whom it was made.) Yo he no he pedido ser eximido ni licenciado del entrenamiento o servicio en las Fuerzas Armadas de los Estados Unidos (Si alguna vez usted ha pedido ser eximido o licenciado del entrenamiento o servicio en las Fuerzas Armadas de los Estados Unidos, indique la fecha y lugar de su petición, la razón para la misma y especifique a quién fué dirigida)

13. Deportation proceedings have have not been instituted against me in the United States. (If deportation proceedings have been instituted against you, give the date and place of hearing, the charge, and the final result.) Un procedimiento de deportación ha sido no ha sido instruido contra mi en los Estados Unidos. (Si un procedimiento de deportación ha sido instruido contra Ud. alguna vez, dé el lugar y la naturaleza de cada acusación y el resultado final)

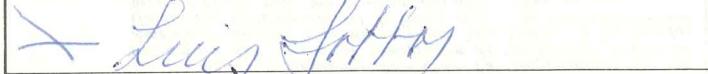
14. I have have not been a participant in a designated exchange program. (If you have been a participant, show dates of arrival and departure from United States.) Yo he no ha participado en un programa de intercambio designado. (Si Ud. ha participado, muestre las fechas de llegada y salida de los Estados Unidos de América.)

15. I have have not heretofore filed an application for the status of a permanent resident. (If you have ever filed such application, give the date and place of filing and final disposition.) Yo he no ha llenado hasta ahora una solicitud por el estado de residente permanente. (Si alguna vez ha ejecutado tal solicitud, indique la fecha y el lugar en que la presentó y la disposición final.)

16. Completed Form G-325A (Biographic Information) is attached as part of this application La planilla G-325A terminada (Informacion biográfica), o unida aquí como parte de esta solicitud.

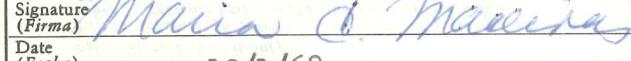
17. IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET BELOW:
SI SU ALFABETO NATIVO NO ES DE LETRAS ROMANAS ESCRIBA SU NOMBRE EN SU ALFABETO NATIVO DEBAJO:

Signature of Applicant (Firma del solicitante) Date of Signature (Fecha de la firma)

 10/1/68

18. (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 de la persona que ha preparado la planilla, si fuera otra que el solicitante.) Yo declaro que este documento ha sido preparado por mí, a petición del solicitante y que está basado en toda la información de que tengo conocimiento.

Signature (Firma) 

Date (Fecha) 10/1/68

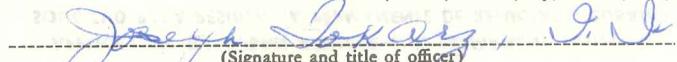
Address (Dirección) DEPARTMENT OF IMMIGRATION
Occupation (Ocupación) UNITED STATES CATHOLIC CONFERENCE
600 BISCAYNE BOULEVARD
MIAMI, FLA. 33132

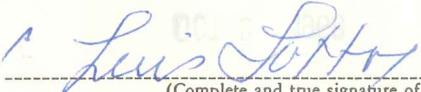
(Application not to be signed below until applicant appears before an officer of the Immigration and Naturalization Service for examination.)
(La solicitud no debe ser firmada al pie, hasta que el solicitante aparezca delante de un funcionario del Servicio de Inmigración y Naturalización para ser examinado.)

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: 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:

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

at Miami on 2-26-68
(Month) (Day) (Year)


(Signature and title of officer)



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



Copied at the National Archives at Kansas City

Luis Salto

417-376-917

Family Name (<i>Capital Letters</i>) SOTTO-CESPEDES	First Name Luis	Middle Initial
Country of Citizenship CUBA	Passport or Alien Registration Number 190166	
United States Address (<i>Number, Street, City and State</i>) HEW Miami		
Airline and Flight No. or Vessel of Arrival MA 107	**Passenger Boarded at CUBA	
Number, Street, City, Province (<i>State</i>) and Country of Permanent Residence Villuendas #207, Manzanillo, Orte. Cuba		
Month, Day and Year of Birth 11-25-1889	PAROLED PURSUANT TO SEC. 212(d) (5) OF THE I & N ACT TO: TNDEF	
City, Province (<i>State</i>) and Country of Birth Manzanillo, Orte. Cuba	PURPOSE: A17 376 917	
Visa Issued at 	(Port) MTA	(Date) 9/8 /66
Month, Day and Year Visa Issued 	(Officer) AC	
STAPLE HERE		

**SURRENDER THIS COPY WHEN LEAVING
THE UNITED STATES — SEE REVERSE**

IMPORTANT NOTICE

Your parole into the United States does not constitute an admission under the terms of the Immigration and Nationality Act. You must observe the conditions of the parole and failure to comply with any of those conditions may result in the revocation of your parole. If, for any reason, you do not proceed to the address shown on the face of this form, or if after arrival, you change your address, you must immediately report to the nearest office of the Immigration and Naturalization Service. You must also report to the nearest office of the Immigration and Naturalization Service if your status is not otherwise changed or if you do not leave the United States before the termination date shown.

UPON DEPARTURE FROM THE UNITED STATES

- By sea or air surrender this permit to transportation line.
- Over Canadian border, surrender this permit to Canadian Immigration Officer.
- Over Mexican border, surrender this permit to United States Immigration Officer.

DEPARTURE RECORD

Port:

Date:

Carrier:

To:

(Country of disembarkation)

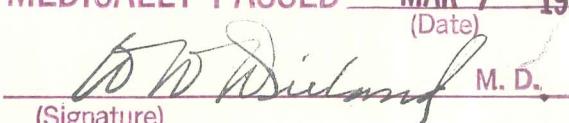
UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Form Approved Budget Bureau No. 43-R311.7

ARRIVAL—DEPARTURE RECORD

FORM I-94 (Rev. 10-1-64) (Parole Edition)

A-
17 376 917

DEPARTMENT OF STATE FOREIGN SERVICE OF THE UNITED STATES OF AMERICA MEDICAL EXAMINATION OF VISA APPLICANTS		PLACE USPHS. Miami, Florida.
		DATE OF EXAMINATION February 26, 1969
At the request of the American Consul at	CITY Miami, Florida.	COUNTRY U.S.A.
I certify that on the above date I examined	NAME Luis Sotto-Cespedes	AGE 79 SEX M
I examined specifically for evidence of any of the following conditions:		
CLASS A: DANGEROUS CONTAGIOUS DISEASES:		
Actinomycosis Amebiasis Blastomycosis Chancroid Favus Filariasis Gonorrhea	Granuloma Inguinale Keratoconjunctivitis, infectious Leishmaniasis Leprosy (Hansen's Disease) Lymphogranuloma Venereum Mycetoma Paragonimiasis	Ringworm of scalp Schistosomiasis Syphilis, infectious stage Trachoma Trypanosomiasis Tuberculosis (pulmonary or extrapulmonary) Yaws
MENTAL CONDITIONS:		
Mental retardation (mental deficiency) Insanity	Previous occurrence of one or more attacks of insanity Psychopathic personality Sexual deviation	Mental defect Narcotic drug addiction Chronic alcoholism (See proviso, sec. 34.7, USPHS Regs.)
CLASS B: Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature Amounting to a Substantial Departure from Normal Physical Well-Being.		
CLASS C: Minor Conditions.		
(CHECK NUMBER (1) BELOW OR COMPLETE NUMBER (2)) My examination, including the X-ray and other reports below, revealed:		
<input type="checkbox"/> (1) No defect, disease, or disability. <input type="checkbox"/> (2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class - A, B, or C - diagnosis, and pertinent details*):		
EXAMINED AND MEDICALLY PASSED <u>MAR 7 1969</u> <small>(Date)</small>  <small>(Signature)</small> USPHS, MIAMI, FLORIDA		
Chest X-ray report _____		
_____ from Dr. _____		
Blood serological report _____ from Dr. _____		
Other special report(s) (when needed) _____		
from Dr. _____		
SIGNATURE OF MEDICAL TECHNICAL ADVISOR	TITLE	DATE OF FINAL REPORT

APPLICANT:

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

COMPLETE THIS BOX (FAMILY NAME)

SOTTO CESPEDES

(GIVEN NAME)

LUIS

(MIDDLE NAME)

(ALIEN REGISTRATION NUMBER)

A-17-376-917

(OTHER AGENCY USE)

BETTER PRINTS CANNOT BE OBTAINED DUE TO
CONDITIONS OF HANDS OR AGE. NO FURTHER
ACTION TO OBTAIN REPRINTS IS NECESSARY.
Per O.I. 105.1 (g)

BETTER PRINTS CANNOT BE OBTAINED DUE TO
CONDITIONS OF HANDS OR AGE.
NO FURTHER ACTION TO OBTAIN REPRINTS IS NECESSARY.
Per O.I. 105.1 (g)

(INS USE)



(I) Ident.

BIOGRAPHIC
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(FAMILY NAME) SOTTO/CESPEDES	(FIRST NAME) LUIS	(MIDDLE NAME)	<input checked="" type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.) 11/25/1889	NATIONALITY Cuban	ALIEN REGISTRATION NO. A-17-376-917	
ALL OTHER NAMES USED		CITY AND COUNTRY OF BIRTH Manzanillo, Oriente, Cuba			SOCIAL SECURITY NO. (IF ANY) "		
FATHER	FAMILY NAME SOTTO	FIRST NAME LUIS	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) CITY AND COUNTRY OF RESIDENCE Bayamo, Oriente, Cuba			deceased	
MOTHER (MAIDEN NAME)	CESPEDES	MERCEDES	Manzanillo, Oriente, Cuba			"	
SPOUSE (IF NONE, SO STATE) (FOR WIFE, GIVE MAIDEN NAME)		FAMILY NAME RAMIREZ	FIRST NAME MARIA	BIRTHDATE 8/22/90	CITY & COUNTRY OF BIRTH Oriente, Cuba	DATE OF MARRIAGE 10/25/17	PLACE OF MARRIAGE Oriente, Cuba
FORMER SPOUSES (IF NONE, SO STATE) FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE	
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.							
STREET AND NUMBER 2760 S.W. 14th Street	CITY Miami	PROVINCE OR STATE Fla.	COUNTRY U.S.	MONTH 5	YEAR 1968	PRESENT TIME	
1230 W. 62 Street	Hialeah	Fla.	U.S.	9	1966	5	1968
LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)							
Calle Villuendas #207	Manzanillo	Oriente	Cuba	1947	9	1966	
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST.							
FULL NAME AND ADDRESS OF EMPLOYER none	OCCUPATION	MONTH	YEAR	MONTH	YEAR	PRESENT TIME	
LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)							
retired							
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):		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:					
PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.		DATE 10/1/68	(SIGNATURE OF APPLICANT OR PETITIONER)				

COMPLETE THIS BOX (FAMILY NAME) SOTTO CESPEDES	(GIVEN NAME) LUIS	(MIDDLE NAME)	(ALIEN REGISTRATION NUMBER) A-17-376-917
(OTHER AGENCY USE)		(INS USE)	
<div style="text-align: center;"> HAVANA FILES DEC 26 1968 <input checked="" type="checkbox"/> NR NP <input type="checkbox"/> NA SIGNED..... </div>		<div style="text-align: center;"> </div>	
(4) Consul			

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Officer's Review and Action Sheet

Form No. I-485A

File No. _____

The following documents or actions are required before decision may be made in this case:

Officer's Initials	Date	Document or Action Required	Requested (Check)	Received (Check)
PAK	12/23/69	FBI (Rec.Ch)...:CICP MR :STATE...CIA... FBI (Iden.Ch.).....: 6-325 A sent 12/23		
		Occupation in Cuba:		
		Occupation in U.S.:		
		Rollback Date:		

DECISION: (Approved) (Denied)

REMARKS: (If denied, state reasons)

*will submit photos via
mail*

For the District Director:

2-26-69

Date of Decision

Joseph Tokay
Signature of Officer

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

UNIT STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

rs

January 29, 1969

A -

MEDICAL AND IMMIGRATION EXAMINATION APPOINTMENTS

Luis Sotto-Cespedes
A 17 376 917

Maria Ramirez de Sotto
A 17 376 918

Your medical examination will be given at:

Location: Room 208, Second Floor
1001 SW. First St., Miami, Fla.

Date: February 26, 1969 Time: 11:00 a.m.

2760 S.W. 14th St.
Miami, Fla. 33145

The Immigration examination will be held at:

Location: Room 208, Second Floor
1001 SW. First St., Miami, Fla.

Date: Time:
SAME AS ABOVE

INSTRUCTIONS FOR MEDICAL EXAMINATION

In connection with your application, it will be necessary for you to take a medical examination. An appointment has been made for you to be examined by a doctor of the U. S. Public Health Service at the time and place given above. If you do not speak English, you must bring a person of your own sex who can act as interpreter. BRING WITH YOU to the medical examination the following checked items. (Obtain these items at once.)

1. X-Ray film of your chest, taken and interpreted by one of the approved hospitals or radiologists listed on the attached instructions. (Film and reading must not be more than 7 months old.) X-Ray film size 70 mm will be acceptable where there are no abnormalities. When abnormalities exist, 14" x 17" X-Ray must be presented.

2. Report of serologic test for syphilis. (Report not to be more than 30 days old.)
3. Children under 14 years of age do not have to have blood serology. Children under 10 years of age do not have to have blood serology or X-Rays.

INSTRUCTIONS FOR IMMIGRATION EXAMINATION

An appointment has been also made for an examination before an Immigration officer at the time and place given above. See below for items (if any are necessary) which you MUST BRING WITH YOU:

Two photographs, size 1½" x 1½", full view of face only, on thin paper with light background taken within the past 30 days. SEE ATTACHED INSTRUCTIONS

Birth certificate. If not available, any other evidence of birth in Cuba.

INSTRUCTIONS SEE REVERSE SIDE OF THIS CARD
MAILED SILVER DRAKEMAN OR CUBA

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

A -

~~ESTE DOCUMENTO SERÁ DESTRUIDO AL PASER EL DÍA DE SU ENTREVISTA~~

ENTREVISTA DE INMIGRACIÓN Y EXAMEN MÉDICO

Su examen médico será en el:

Room 208, Second Floor (2º Piso)
1001 S. W. 1st Street, Miami, Florida

Fecha	Hora
(Senalada en el reverso)	(Senalada en el reverso)

La entrevista en Inmigración será en el:

Room 208, Second Floor (2º Piso)
1001 S. W. 1st Street, Miami, Florida

Fecha	Hora
(Senalada en el reverso)	(Senalada en el reverso)

INSTRUCCIONES PARA EL EXAMEN MÉDICO:

En relación con su solicitud será necesario que usted se someta a un examen médico. Un médico del Servicio de Salubridad Pública de los Estados Unidos lo examinará a usted en el lugar y en la fecha señalada arriba. Si usted no habla Ingles, debe acompañarle una persona de su mismo sexo quien pueda servirle de interprete. **TRAIGA CONSIGO LOS SIGUIENTES DOCUMENTOS MÉDICOS** cuando usted acuda al examen médico en Salubridad Pública. Obtenga estos documentos enseguida.

IV Radiografía del torax, hecha e informada por uno de los hospitales o radiólogos aprobados en las instrucciones adjuntas. (La radiografía y el informe no tendrá validez después de siete meses de hechos). Radiografías de 70mm serán aceptables cuando no existan anomalías. Cuando sí existan anomalías, radiografías de 14" x 17" deben ser presentadas.

V Resultado del examen serológico para sífilis. (El informe no tendrá validez después de treinta días de hecho).

VI Menores de 14 años no necesitan el examen serológico de la sangre. Menores de 10 años no necesitan examen serológico ni radiografía.

INSTRUCCIONES PARA LA ENTREVISTA DE INMIGRACIÓN:

Un oficial de Inmigración le concederá una entrevista en el lugar y fecha señalada arriba. Debe traer consigo este aviso y los siguientes documentos:

I Dos fotografías tamaño 1½" x 1½" De La Cara, De Frente Solamente en papel fino con fondo claros tomadas en los pasados treinta días.

II Certificado de nacimiento. Si no lo tiene disponible, cualquier otra prueba de su nacimiento en Cuba.

COMPLETE THIS BOX (FAMILY NAME)

(GIVEN NAME)

(MIDDLE NAME)

(ALIEN REGISTRATION NUMBER)

SOTTO CESPEDES

LUIS

A-17-376-917

(OTHER AGENCY USE)

NO PERTINENT
IDENTIFIABLE INFORMATION

JAN 3 1969

REQUEST SEARCHED W/OUT
BENEFIT OF SPELLING VARIANTS

(INS USE)

NOT TO BE SHOWN TO
FOREIGN NATIONALS



(3) C.

(3) C

STRAINS AND STRENGTHS OF TITANIUM
TUDOR RESEARCH INSTITUTE

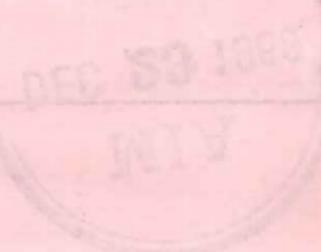
6031-3 NM

IMMIGRATION &
NATURALIZATION
DEPARTMENT

INFORMATION SUBDIVISION
TELEGRAMS ON

(ONE PAGE USE)

JAN 8 8 47 AM '69
SUSAN ADJUSTMENT
CENTER
MIAMI, FLORIDA



SEARCHED

INDEXED

(NAME) (NAME) (NAME)

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(NAME) (NAME)

TRP-348-FT-A

BIOGRAPHIC
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

DEC 26 1968

K32

(FAMILY NAME) SOTTO/CESPEDES	(FIRST NAME) LUIS	(MIDDLE NAME)	<input checked="" type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.) 11/25/1889	NATIONALITY Cuban	ALIEN REGISTRATION NO. A-17-376-917
ALL OTHER NAMES USED		CITY AND COUNTRY OF BIRTH Manzanillo, Oriente, Cuba				SOCIAL SECURITY NO. (IF ANY)

FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) CITY AND COUNTRY OF RESIDENCE			
FATHER	SOTTO	LUIS	Bayamo, Oriente, Cuba			
MOTHER (MAIDEN NAME)	CESPEDES	MERCEDES	deceased			
SPOUSE (IF NONE, SO STATE) FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)		FIRST NAME MARIA	BIRTHDATE 8/22/90	CITY & COUNTRY OF BIRTH Oriente, Cuba	DATE OF MARRIAGE 10/25/17	PLACE OF MARRIAGE Oriente, Cuba

FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM	TO
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR
2760 S.W. 14th Street	Miami	Fla.	U.S.	5	1968
1230 W. 62 Street	Hialeah	Ela.	U.S.	9	1966

LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

Calle Villuendas #207	Manzanillo	Oriente	Cuba	1947	9	1966
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APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST.				FROM	TO
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION	MONTH	YEAR	MONTH	YEAR
none					

LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

retired

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS	
<input type="checkbox"/> OTHER (SPECIFY):	
PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.	10/1/68 (DATE) <i>Luis Loffoy</i> (SIGNATURE OF APPLICANT/OR PETITIONER)

COMPLETE THIS BOX (FAMILY NAME)	(GIVEN NAME)	(MIDDLE NAME)	(ALIEN REGISTRATION NUMBER)
SOTTO CESPEDES	LUIS		A-17-376-917

(OTHER AGENCY USE)	(INS USE)
<p>Check of FBI investigative files based upon data submitted located no identifiable information pertinent to your inquiry. Not to be considered as a clearance. To check arrest records request must be submitted to the FBI Identification Division. Fingerprints are necessary for positive check.</p> <p>(2) Rec. Br.</p>	

BIOGRAPHIC
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(FAMILY NAME) SOTTO/CESPEDES	(FIRST NAME) LUIS	(MIDDLE NAME)	<input checked="" type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.) 11/25/1889	NATIONALITY Cuban	ALIEN REGISTRATION NO. A-17-376-917
ALL OTHER NAMES USED			<input type="checkbox"/> FEMALE	CITY AND COUNTRY OF BIRTH Manzanillo, Oriente, Cuba		SOCIAL SECURITY NO. (IF ANY)

FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) CITY AND COUNTRY OF RESIDENCE			
FATHER	SOTTO	LUIS	Bayamo, Oriente, Cuba			
MOTHER (MAIDEN NAME)	CESPEDES	MERCEDES	Manzanillo, Oriente, Cuba			

SPOUSE (IF NONE, SO STATE) (FOR WIFE, GIVE MAIDEN NAME)		FAMILY NAME	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
		RAMIREZ	MARIA	8/22/9d	Oriente, Cuba	10/25/17	Oriente, Cuba

FORMER SPOUSES (IF NONE, SO STATE)							
FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE		

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM	TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	
2760 S.W. 14th Street	Miami	Fla.	U.S.	5	1968	
1230 W. 62 Street	Hialeah	Ela.	U.S.	9	1966	
					5	1968

LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

Calle Villuendas #207	Manzanillo	Oriente	Cuba	1947	9	1966
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APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST.				FROM	TO
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION	MONTH	YEAR	MONTH	YEAR
none					

LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

retired

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:		
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS			
<input type="checkbox"/> OTHER (SPECIFY):			
PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.	10/1/68	<i>Luis Lotti</i>	
	DATE	(SIGNATURE OF APPLICANT OR PETITIONER)	

NAME (LAST)	(FIRST)	(MIDDLE)	FILE NO.
SOTTO - CESPEDES, LUIS A 17376 917			
Date & Place of Birth	Present Address	Foreign Address	
11-25-1887 MANZANILLO ORTE CUBA	158 CARRETERA 16 HENRY MHN	VILLUENDAS #207 MANZANILLO ORTE. CUBA	
Place of Entry	Date	Manner	
MRA	9-8-66	MA 107	
Nationality	V/D to	Deferred Inspection	Paroled to
CUBA		—	INDEX
Occupation in Cuba	Foreign Military Service & Rank		
RANCHER	NONE		
Visa Type	Place of Issue	Date of Issue	Valid to
—			Limited or Unlimited
Passport No.	Date Issued	Validity Date	Birth Certificate
190166	9-19-62	VOID	
Marital Status	Name & Address of Spouse		Accompa
MARIA	RAMIREZ - LEON		
Reasons Claimed for Being Unable to Return to Country of Nationality			
DOC.	8 GARAGE		
SE-180			
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.

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

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.

SEP 8 1966

Fecha

Firma

Luis Sotto Espedes

GROUP #

	POS.	NEG.
F B I		
C I A		
S T A T E		
C. I. C. P.		
D. N. I.		
O S I		
C. I. C.		
S L B		

DATE TUES 26 1968

W. J. Moriarty

501543 04 SOTTO

CEPEDISS

LUIS F

11 87

89942

UNAC CHILDS LIST NO 07

Printed Name (Capital Letters)	First Name	Middle Initial
SCOTT O-CHEPPEL	SCOTT	
Address	India	Port of Entry or Alien Registration Number
OSCAR		196046
State, State and Number, Street, City and State		
ILLINOIS Chicago		
Name and Flight No. or Vessel of Arrival		
NA 107		
Name, Street, City, Province (State) and Country of Permanent Residence		
Villanueva #207, Maracaibo, Zulia, Venezuela		
Day and Year of Birth		
11-25-1937		
Province (State) and County of Birth		
Maracaibo, Zulia, Venezuela		
Month, Day and Year Visa Issued		
MIA 9/8/66 48		