

ACTION ON

FORM I-90

AUTOMATICALLY TERMINATED PURSUANT TO

O.I. 103.2(o)

Such termination is without prejudice to renewal of the application upon written request of the applicant.

COUNTED AS COMPLETED AND DENIED.

IF RENEWED, WILL BE COUNTED AS RECEIVED.

NO FINGERPRINTS

39 yrs. O.D.

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization ServiceForm approved
OMB No. 43—R0040

APPLICATION BY A LAWFUL PERMANENT RESIDENT FOR AN ALIEN REGISTRATION RECEIPT CARD

(Please read Attached Instructions)

NOTE: If you file in person, bring three photographs that comply with the specifications on the next page of this form.

TYPE OR PRINT IN BLOCK LETTERS WITH A BALLPOINT PEN

1. YOUR NAME	FAMILY NAME (Capital Letters) RODRIGUEZ-LOPEZ	FIRST NARCISO	MIDDLE -	FEE STAMP
2. MAILING ADDRESS IN U.S.	(NUMBER AND STREET) 1028 SW 9 AVE API	(Apt. Number) 3		
	(CITY) MIAMI	(STATE) FLA	(ZIP CODE) 33130	3. MY ALIEN REGISTRATION NUMBER

4. NAME USED WHEN YOU BECAME A PERMANENT RESIDENT. (IF SAME AS PRESENT, WRITE "SAME".)

SAME

5. DATE of BIRTH (Mo./Day/Yr.) 10-29-1900	6. PLACE of BIRTH ISLAS CANARIAS	7. MY PHONE NUMBER (Include Area Code) No 305
8. ORIGINALLY ADMITTED TO U.S. AT: (CITY and STATE) 1974	9. MEANS OF ARRIVAL (Name of Vessel, or Airline and Flight Number, etc.) AIR PLANE (VUELO DE LA LIBERTAD)	
10. DESTINATION IN U.S. AT TIME OF ADMISSION MIAMI FLA	11. I THINK MY FILE IS AT THE INS OFFICE IN (City and State) MIAMI FLA	

12. DATES OF ABSENCES FROM U.S. OF 1 YEAR OR LONGER, SINCE LAWFUL ADMISSION FOR PERMANENT RESIDENCE
NONE

13. I NEED A NEW CARD BECAUSE:

- (A) My alien registration receipt card was lost, destroyed, or mutilated. (Attach card) (FEE REQUIRED, SEE INSTRUCTION NUMBER 1) Explain _____ **PER COMPUTER NR FCO MIA FEB 25 1980**
- (B) My name has been changed. (Attach the decree of the court or the marriage certificate and old card.) (FEE REQUIRED, SEE INSTRUCTION NUMBER 1)
- (C) I am required to be registered and fingerprinted after my 14th. birthday. (Attach old card.) (You MUST use the fingerprint card Form FD-258 which we will give you.)
- (D) I am an alien commuter taking up actual permanent residence in the U.S. (Attach old card)
- (E) I received an incorrect card. (Attach old card.)
- (F) I have never received a card.
- (G) Other (Explain) _____

ACTION BLOCK (FOR Use by An Immigration or Consular Officer.) This applicant was interviewed by me under oath on _____

(Date) at _____ (City). **12-11-79**

REMARKS:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Signature and Title)
Serial Number of new I-151, if any				
<input type="checkbox"/> GRANTED	<input type="checkbox"/> DENIED	<input type="checkbox"/> MAILED	<input type="checkbox"/> DELIVERED	
DATE of ACTION 6-24-80				
DD				
DISTRICT W. Zimmerman Hawkins				
Signature of Immigration Officer W. Zimmerman Hawkins				

Signature of Applicant and Date Narciso Rodriguez			
Signature and Date of person preparing the Form if other than Applicant			
<input type="checkbox"/> Fingerprint card forwarded to the FBI to comply with Section 262 b _____ (Initials and Date) 3/1/81			
<input checked="" type="checkbox"/> Call-In Letter Sent _____ (Date) 3/1/81			
<input type="checkbox"/> I-89 to Production Facility _____ (Date) 3/1/81			
RECEIVED _____	TRANS. IN _____	RET'D. TRANS. OUT _____	COMPLETED _____ 6/21/81

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

RODRIGUEZ LOPEZ NARCISO
1028 S.W. 9 AVE API 3
MIAMI FLA 33130

DATE:

File Number

Please come to the office shown below at the time and place indicated for your identification card interview.

Office Location	Room Number	Floor Number
Date and Hour	Ask For	

INSTRUCTIONS: BRING THE FOLLOWING:

1. Your Alien Registration Receipt Card or other evidence of alien registration now in your possession.
2. Photographs — Show this letter to the photographer who takes your photographs.

Two color photos with white background are required; photos must be glossy, un-retouched, and not mounted; dimension of facial image should be about 1 inch from chin to top of hair; subject should be shown in $\frac{3}{4}$ frontal view showing right side of face with right ear visible; using pencil or felt pen, lightly print name (and alien registration receipt number if known) on the back of each photograph.

3. IMPORTANT NOTE — Failure to submit photographs in compliance with these specifications will delay the processing of your application.

IT IS IMPORTANT THAT YOU KEEP THIS APPOINTMENT AND BRING THIS LETTER WITH YOU.
IF YOU ARE UNABLE TO DO SO, STATE YOUR REASON, SIGN BELOW AND RETURN THIS LETTER TO THIS OFFICE AT ONCE.

I am unable to keep the appointment because:

Signature

Date



ADIT WORKSHEET

Sec. 245

1. <u>RODRIGUEZ LOPEZ</u>	First Name <u>NARCISO</u>	Middle Name _____
2. <u>10-29-1,900</u>	3. <u>A- 18787647</u>	Alien Number _____
4. <u>1028 S.W. TAVE. APT 3</u>	5. <u>MIAMI FLA</u>	<u>33130</u> City, State, Zip Code
6. <u>MARIA</u>	7. <u>MIGUEL</u>	Father's First Name _____
7. Mother's First Name	8. <u>ISLA CANARIAS, SPAIN</u>	9. <u>MIAMI FLA</u> City of residence when you filed application
8. Place of Birth	10. <u>No NE</u>	11. <u>MIAMI FLA</u> City to which you were destined when you arrived in the United States
10. Occupation	12. <u>MIAMI FLA</u>	Port of Entry

DO NOT COMPLETE BELOW THIS LINE

Date of Adjustment <u>4-24-22</u>	Class <u>CUB</u>	C.O.B. <u>584</u>	Card 1
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Tran 1

APPLICATION

BY LAWFUL PERMANENT RESIDENT ALIEN
FOR ALIEN REGISTRATION RECEIPT CARD

FORM I-151

(Please read Attached Instructions)

Applicant: Do Not Fill In This Block		Nationality Code <i>128</i>
FILE NO. INFORMATION UNIT MIAMI DISTRICT OFFICE		
<input type="checkbox"/> Fee Required	<input type="checkbox"/> Fee Not Required	
Fee Stamp		

1. I hereby apply for an Alien Registration Receipt Card for the following reason (Please check appropriate blocks:)

(a) My alien registration receipt document was lost destroyed on or about 3-10-1978 (Date)

(If my document is recovered, I will surrender it to the Immigration and Naturalization Service.)

(b) My name has been changed(c) My present Form I-151 is mutilated.(d) My evidence of alien registration is on a form other than Form I-151.(e) I never received Form I-151.(f) My present Form I-151 is in poor condition because of improper lamination.(g) I am required by Section 262(b) of the Immigration and Nationality Act to be registered and fingerprinted after my 14th birthday.(h) I received an incorrect Form I-151.(i) I am an alien commuter taking up actual permanent residence in the U.S. My commuter Form I-151 is surrendered herewith.*100000*

(If you checked (a), (b), (c) or (e) above, see Instruction Number 7 concerning fee required.)

2. YOUR NAME	FAMILY NAME (Capital Letters) FIRST <i>RODRIGUEZ LOPEZ-NARCISO</i>		MIDDLE	4. Nationality	90	
3. MAILING ADDRESS IN U.S.	NUMBER AND STREET (Apt. No.) <i>1028 S.W. 9TH AVE.</i>		STATE <i>FLORIDA</i>	ZIP CODE <i>33130</i>	5. Alien Registration Number <i>A18787647</i>	6. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
7. Admitted to U.S. at	(City) <i>MIAMI</i>	(State) <i>FLORIDA</i>	8. Date of Admission (Mo.) (Day) (Yr.) <i>4-20-1970</i>	9. Date of Birth (Mo.) (Day) (Year) <i>10-29-1900</i>		
10. Means of Arrival (Name of Vessel, or Airline and Flight No., etc.)	11. Destination in U.S. at Time of Admission <i>N.J.</i>		12. Place of Birth (City) (Province or State) (Country) <i>ARUCA ISLAS CANARIAS SPAIN</i>			
13. Name Used When Registered as an Alien (If same as present, write "same.") <i>SAME</i>	14. Name Used When Lawfully Admitted for Permanent Residence (If same as present, write "same.") <i>SAME</i>					
15. Address Outside U.S. if Temporarily Abroad (Street, City, Country) <i>NONE</i>	16. Date of Last Departure from U.S. <i>NONE</i>					
17. Dates of Absences From U.S. of 1 Year or Longer, Since Lawful Admission for Permanent Residence <i>NONE</i>						
18. (If you intend to use Form I-151 as a document for travel within the next six weeks, give the date of your expected departure, list each country to be visited, and be sure to read Instruction 8 in regard to the limitations on use of Form I-151 for travel in or through certain countries.)						
a. Date of Proposed Departure <i>NO</i>	b. Countries to be Visited <i>NO</i>					
19. Signature of Person Preparing the Form If Other Than Applicant <i>I DECLARE that this application was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.</i> <i>Ricardo M. Rodriguez</i> (Signature) <i>2120 S.W. 6TH Street #6</i> (Address)		20. Signature of Applicant <i>I CERTIFY that the information above is true and correct to the best of my knowledge and belief.</i> <i>Ricardo Rodriguez</i> (Signature) <i>3-20-78</i> (Date Signed)				
		RECEIVED	TRANS. IN	RET'D-TRANS. OUT	COMPLETED	<i>B</i>

APPLICANT: DO NOT WRITE BELOW THIS LINE (For Use in Searching Records of Arrival)

RECORD EXAMINED	RECORDS FOUND
Card Index	Port of Entry:
Index Books	Name at Time of Entry:
Manifests	Date of Admission: Class of Admission:
Signature of Searcher	Marital Status: Means of Arrival (Vessel, Airline, etc.):

(For Use by Immigration or Consular Officer)

The applicant was interviewed by me under oath on _____ at _____ (Date) (City)
 Remarks: _____

(Signature)	(Title)
I recommend that the application be <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied	E. Smith (Immigration Officer) (Date)

NEW I-151, IF ANY, SERIAL NUMBERS

 MAILED APPROVED ENCL

DATE OF ACTION

4/5/78

DD Edward J. Deacony

DIST MIAMI, FLORIDA

Serial # 10817253
MM 4-13-78

- (d) I-151 may be forwarded to the applicant.
- (1) I-151 may be forwarded to the consular officer if the consular officer is I-151 may forward to the applicant.
- (b) I-151 may need to do so if the consular officer needs to send a message to the applicant.
- (c) I-151 may need to do so if the consular officer needs to send a message to the applicant.
- (e) I-151 may be forwarded to the applicant.

(check one box) Note: If I-151 is forwarded to the applicant, it is the responsibility of the consular officer to forward it to the applicant.

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U.S. IMMIGRATION AND NATURALIZATION SERVICE

NAME OF APPLICANT: JAMES M. SMITH

NOTIFICATION

SEARCHED INDEXED SERIALIZED FILED
APR 10 1978 U.S. IMMIGRATION AND NATURALIZATION SERVICE
300 BUREAU OF IMMIGRATION AND NATURALIZATION
U.S. GOVERNMENT PRINTING OFFICE: 1975 50-1000-100000

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place	Miami, Florida
File No.	A 18 984 647

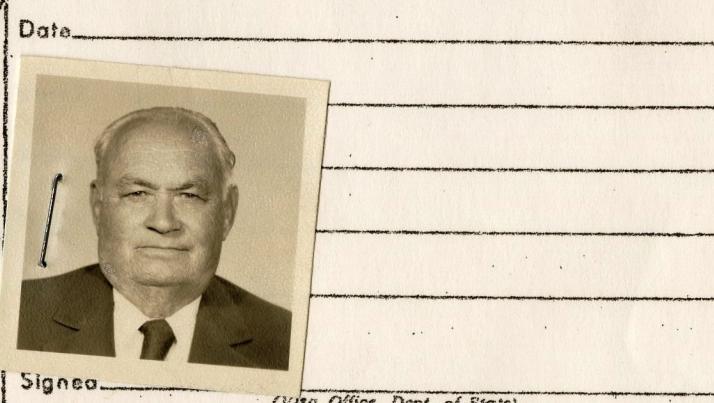
Status as a lawful permanent resident of the United States is accorded:

Name Street Address City, State, Zip	Rodriguez-Lopez, Narciso	SEX	DATE OF BIRTH
		PLACE OF BIRTH	SPAIN Cuba
		NATIONALITY	Cuban
COUNTRY TO WHICH CHARGEABLE (If any)		PREFERENCE (If any)	PRIORITY DATE 10-24-74
WESTERN HEMISPHERE			
REMARKS R/W			
NONPREFERENCE: <input checked="" type="checkbox"/> Section 212(a)(14) certification not required because: Cuban Refugee			
<input type="checkbox"/> Individual section 212(a)(14) certification issued <input type="checkbox"/> Blanket section 212(a)(14) certification issued			

under the following provision of law:

<input type="checkbox"/> Sec 203(h) of the I & N Act	<input type="checkbox"/> Sec 249 of the I & N Act	<input type="checkbox"/> Sec 214(d) I & N Act
<input type="checkbox"/> Sec 244() of the I & N Act	<input checked="" type="checkbox"/> Sec 1 of the Act of 11/2/66	<input type="checkbox"/> Private Law no. _____ of the _____ Congress _____ session
<input type="checkbox"/> Sec 245 of the I & N Act	<input type="checkbox"/> Sec 13 of the Act of 9/11/57	<input type="checkbox"/> _____ (Other law Specify)
As of 4 24 (Month) (Day)	72 (Year)	Miami, Florida PORT OF ENTRY FOR PERMANENT RESIDENCE
Class of admission.(Insert symbol) CU-6		83

(Applicable in all cases)	
RECOMMENDED BY: (Immigration Officer) <i>James S. Jenkins</i>	(Date) APR 11 1977 <i>HSG</i>
DATE OF ACTION DD	
DISTRICT MIAMI, FLORIDA	
B. APPROVED AND APR 11 1977 <i>Edward J. Deasy</i>	
FOR USE BY VISA CONTROL OFFICE	



STATISTICS

Form 1-357 delivered Form G-153 delivered Form 1-151 Serial No. 9868865 5-11-77
 mailed delivered

CC: Visa Control Office, Visa Office, Department of State, Washington, D.C. 20520 for allocation of immigrant visa number. State Director, Selective Service (with 1-59)

RODRIGUEZ

1. APELLIDO DEL PADRE

10-29-50

NARCISO

NOMBRE

2. FECHA DE NACIMIENTO

1028 SW 9 AVE #22

4. DIRECCION ACTUAL
(Calle y Numero)

6. NOMBRE DE LA MADRE

8. CIUDAD O PUEBLO DE NACIMIENTO
SUYO

MARIA LOPEZ

LAS PALMAS CANARIAS SPAIN

ARVCA

10. OCUPACION ACTUAL

RETIRED

12. HA SIDO MIEMBRO O HA PERTENECIDO

AQUI O EN OTRO LUGAR A ALGUNA
ASOCIACION O CLUB TAL COMO SINDI-

CATO, LICEO, PARTIDO POLITICO, ETC?

SI NO ✓

13. TIENE UD. EL PROPOSITO DE HACERSE
CIUDADANO? SI ✓ NO

14. MIAMI

4. CIUDAD DE DESTINO A SU LLEGADA

A LOS ESTADOS UNIDOS

4-24-72

6. ROLL-BACK DATE

4-24-72

9. CARD 1

10. TRAN 1

POR FAVOR CONTESTE SOLAMENTE LAS PREGUNTAS DEL 1 AL 14 INCLUSIVE.

CUANDO COMPAREZCA A LA ENTREVISTA TRAER CONSIGO SU:

1. PASAPORTE

2. FORMA I-94 (PAROLEE)

3. COPIA DEL CERTIFICADO DE NACIMIENTO

4. RESULTADO DEL EXAMEN MEDICO

5. FORMA SS-5 (SOLICITUD PARA EL NUMERO DEL SEGURO SOCIAL, AUNQUE YA LO TENGA)

LOS NIÑOS MENORES DE 14 AÑOS NO TIENEN QUE ASISTIR A LA ENTREVISTA.

LOS MAYORES DE 14 AÑOS ES INDISPENSABLE QUE ASISTAN A LA ENTREVISTA.

LOPEZ

APELLIDO DE LA MADRE

(De su esposo si es
casada)

A 18-787-647

3. NUMERO DE EXTRANJERO

5. MIAMI FLA 33130

CIUDAD, ESTADO Y ZIP CODE

7. MIGUEL RODRIGUEZ

NOMBRE DEL PADRE

MIAMI

CIUDAD DONDE RESIDIA CUANDO
PRESENTO SU SOLICITUD

11. HA SIDO ARRESTADO O DETENIDO ALGUNA VEZ?

SI LO HA SIDO, ESCRIBA LA FECHA Y EL
MOTIVO DE LA OFENSA. SI NO X

FECHA: _____

MOTIVO: _____

13. TIENE UD. EL PROPOSITO DE HACERSE

CIUDADANO? SI ✓ NO

MIAMI FLA

15. PUERTO DE ENTRADA

CU6

CLASS

584

18. C.O.B.

A#

PROCESSED FOR I-551

ON 4-11-72

AT MAIL

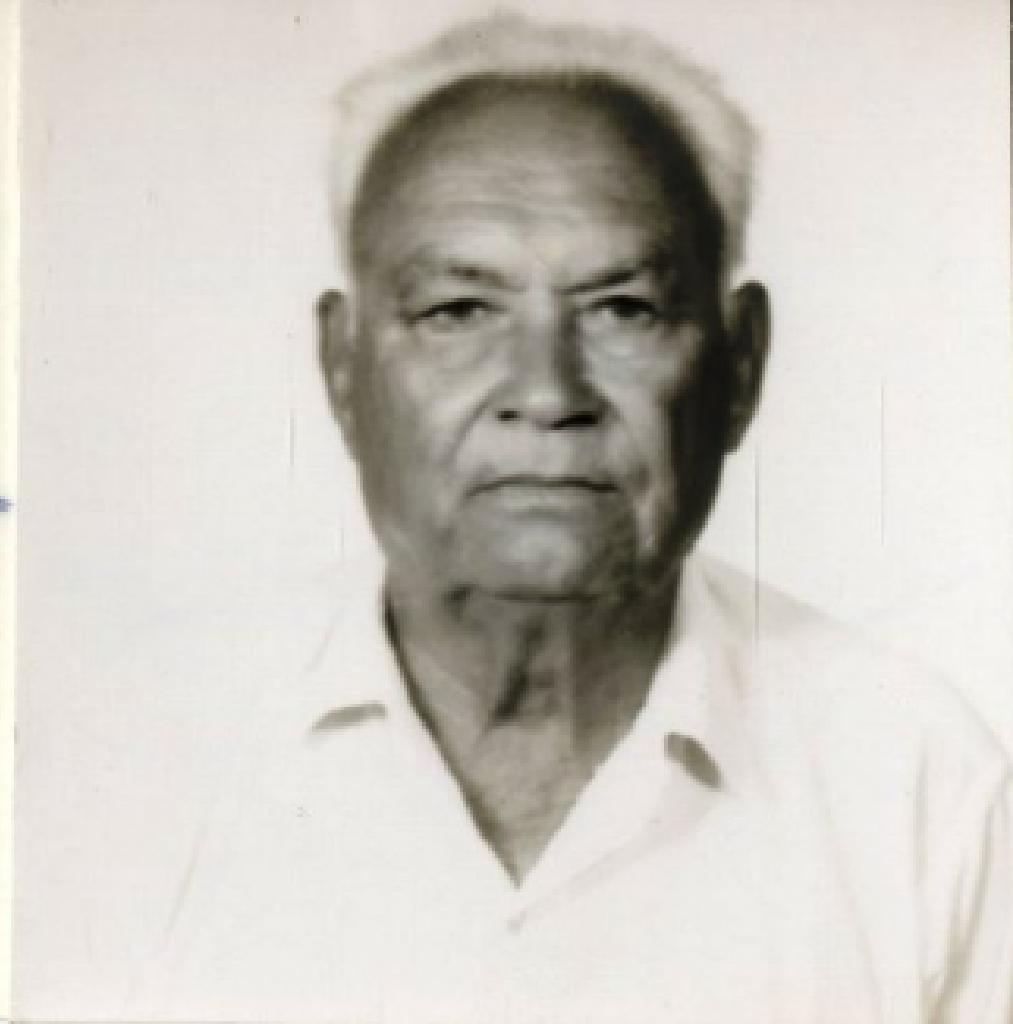
CARD TO BE MAILED

90 DAYS

Chenise Buckley

FIRMA DEL APPLICANTE

MARCISO
RODRIGUEZ
LOPEZ



UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization ServiceAPPLICATION BY CUBAN REFUGEE FOR PERMANENT RESIDENCE
SOLICITUD PARA RESIDENCIA PERMANENTE DE REFUGIADO CUBANOForm Approved
OMB No. 43-R0437

FILE NO.

APPLICANT FOR BENEFITS OF

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

RBD 4/24/72

NO ESCRIBA MAS ARRIBA DE ESTA LINEA. VEA LAS INSTRUCCIONES ANTES DE EJECUTAR LA PLANILLA DE SOLICITUD. SI NECESA 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 IMPRESA.

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, 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. 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 al 1 de Enero 1959, y he estado presente físicamente en este país por lo 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.

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) o (2).)
I do 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 fue 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 (Apellido) (Nombre de pila) (Nombre intermedio(s))
My name is (Last) (First) (Middle)
RODRIGUEZ-Lopez Narciso -----

SEXO Masculino Femenino
SEX Male Female

3. Yo vivo en los Estados Unidos en: (Calle y Núm.) (Núm. del Apt.) (Ciudad) (Estado) (Código postal-ZIP)
I reside in the United States at: (No. and Street) (Apt. No.) (City) (State) (ZIP Code)
1028 S.W. 9th Avenue. Apt. 22 Miami, Florida 33136

5. Mi número de Registro de Extranjeros es
My alien registration number is
A 18 787 647

6. Ahora soy un ciudadano de (País)
I am now a citizen of (Country)
Cuba

7. Fecha de nacimiento
Date of Birth
Oct. 29, 1,900

8. Lugar de nacimiento (Pueblo o ciudad)
Place of Birth (City or Town)
Aruba

(Departamento o provincia)
(County, Province, or State)
Isla Canarias

(País)
(Country)
Spain

9. Nombre según aparece su documento de entrada como no
emigrante formulario I-94. Name as appears on nonimmigrant
document Form I-94.
Rodriguez-Lopez NARCISO

10. 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) 04-22-1,970

Al puerto o aeropuerto de
At the Port of (City, State)
Miami, Fla.

11. Yo llegué por (Nombre del barco u otro medio de transporte)
I arrived by (Name of vessel or other means of travel)
RD 1148

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

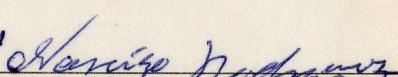
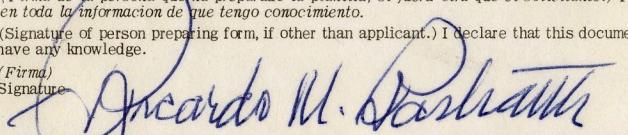
12. Pasé No pasé por la inspección.
I was was not inspected

13. Mi visa de no inmigrante, número _____, fue expedida por el Cónsul de los Estados Unidos en (Ciudad, País) el (Fecha: dia, mes, año).
My nonimmigrant visa, number _____, was issued by the U.S. Consul at (city, state) on (month, day, year).

ted 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 illicit traffickers in narcotic drugs or marihuana; aliens 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)

21. <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 checked="" type="checkbox"/> Completed Form G-325A (Biographic Information) is not attached as applicant is under 14 years of age.
22. 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:	23. (Firma del solicitante) Signature of Applicant  (Fecha de la firma) Date of Signature Oct. 23, 1974
(Firma) Signature  (Fecha) Date Oct 23, 1974	(Dirección) Address 819 S W 12 AVE MIAMI FLA 33130 (Ocupación) Occupation OFFICE WORKER

(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 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

(Fecha)
Date

(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 be signed below until applicant appears before an officer of the Immigration and Naturalization Service for examination.)

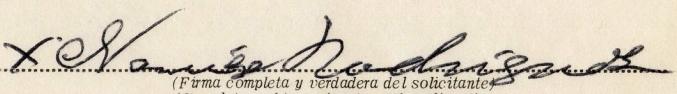
Yo juro (afirmo) que conozco el contenido de esta solicitud, que el mismo es verdadero, según mi mejor conocimiento, y que las correcciones numeradas () a () fueron hechas por mí, a petición mía, y que esta solicitud fué firmada por mí con mi nombre completo y verdadero:

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

at Miami, FL on APR 11 1977
(Month) (Day) (Year)

Ricardo M. Bartholomew II
(Signature and title of officer)


(Firma Completa y Verdadera del solicitante
(Complete and true signature of applicant)

1029 S. 22nd Street, Miami, FL 33130

**UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE**

FILE NO. A18 787 647

DATE: _____

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

Narciso RODRIGUEZ-Lopez
1028 SW 9 Ave (#22)
Miami, Fla. 33130

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 below 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
All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER

Please show this letter to any laboratory performing tests. Also present the copies of this 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

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, DISEASE OR DISABILITIES LISTED IN SECTION 212(A) OF THE IMMIGRATION AND NATIONALITY ACT AS AMENDED

SIGNATURE OF PHYSICIAN

DATE

TITLE

Leopoldo Matos M.D.
7 April 77

PHONE 642-0001

Lassol Medical Laboratories, Inc.

434 S. W. 12 AVENUE

MIAMI, FLORIDA

March 29, 1977



JOHN LASSEVILLE, R. M. T.

Narciso Rodriguez

Allien Registration No.: A 18 787 647

Lab. No. #296 V.D.R.L. Results: Nonreactive: Negative

John Lasserville

Authorized Lab. Representative

PHONE: 642-0001

Lassol Medical Laboratories, Inc.

434 S. W. 12 AVENUE
MIAMI, FLORIDA 33130



JOHN LASSEVILLE, R. M. T.

March 29, 1977

A-18-787-647

PATIENT: Narciso Rodriguez

EXAMINATION: Chest

Examination of the chest by means of a single PA view shows left ventricular hypertrophy. There is no evidence of active pulmonary tuberculosis. There is no evidence of active pulmonary tuberculosis.

IMPRESSION: No evidence of active pulmonary tuberculosis.

CGL/cm.

A large, flowing handwritten signature in black ink, appearing to read "Carlos G. Llanes". Below the signature, the text "M.D." and "Radiologist." is printed in a smaller, sans-serif font.

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

COVER SHEET

RECORD

OF

PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record that is removed MUST BE RETURNED after it has served its purpose.

INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

APPLICATION FOR
ISSUANCE OR EXTENSION OF
REFUGEE TRAVEL DOCUMENT

(Article 28, United Nations Convention of
July 28, 1951 and Protocol of 1967
relating to Status of Refugees. 8 CFR 223a)

FEE STAMP

015660

I hereby apply for (check one):

Issuance

Extension of refugee travel document.

1. YOUR NAME		FAMILY NAME (Capital Letters)		FIRST	MIDDLE			
		Rodriguez-Lopez		Narciso	-----			
IN CARE OF		C/O						
MAILING ADDRESS IN U.S.		(No. and Street) (Apt. No.) 1028 S.W. 9th Avenue Apt. 3		(City) Miami		(State) Florida		Zip Code
2. ALIEN REGISTRATION NUMBER		A 18 787 647						
3. DATE OF BIRTH (Month, Day, Year)		COUNTRY OF BIRTH		COUNTRY OF NATIONALITY, IF ANY		COLOR OF EYES	COLOR OF HAIR	
Oct. 29/ 1,900		CUBA		Cuba		Brown	Grey	
HEIGHT 5 FEET 4 INCHES		VISIBLE MARKS AND SCARS				Country from which I am a refugee Cuba		
4. My present immigration status in the U. S. is (Parolee, lawful permanent resident, conditional entrant, visitor, etc.) Paro lee								
5. At time of my <u>last</u> arrival in the U. S. I was accorded the immigration status of Parolee								
I last arrived in the U. S. at: (city and State) Miami, Florida		on: (date) 04 22 70	by: (name of vessel, airline or other means of travel) RD 1148	<input checked="" type="checkbox"/> was	<input type="checkbox"/> was not	inspected.		
I was last issued a visa by a U. S. Consul in: (city and country) Miami, Florida		on: (date) 04-22-1,970	Type of Visa Parolee					

6. Check One:

- I believe I am a refugee because I came to the U. S. under a U. S. refugee law or program, or because I was granted a status or benefit by the U. S. Immigration and Naturalization Service on the basis of a claim to persecution.
- I believe I am a refugee for the following reasons: (Furnish specific details and attach supporting evidence).



I voluntarily re-avail myself of the protection of the country of my nationality.
I voluntarily re-acquired the nationality which I lost.
I required a new nationality.
I voluntarily re-established myself in the country which I left, or outside which I remained, owing fear of persecution.
My nationality (or country of former habitual residence if stateless) which resulted in my becoming stateless has ceased to exist.
I have a passport or similar document. If you have such document, give name of country of issuance and date of expiration.

Cuba September 6, 1971 or before.

I clubs, and associations, past or present, in which I have held membership, and the periods and ever been a member of any organization, state "none".

ONE

DEC 10 1975

9. I have have not been charged with a violation of law. (If you have ever been charged with a violation of law, give date and place and nature of each charge and the final result.)

DEC 10 1952
10. I have have not previously filed an application with the U. S. Government or any other government for a Refugee Travel Document under the U. N. Convention of July 28, 1951 relating to the status of refugees. (If you have ever filed such application, give the place and date of filing and final disposition.)

11. Check one:

- My Alien Registration Receipt Card is attached.
 Application Form I-90 or I-102 for issuance of Alien Registration Receipt Card is attached.

12. FILL IN THIS BLOCK ONLY IF YOU HAVE PREVIOUSLY OBTAINED A REFUGEE TRAVEL DOCUMENT FROM THE U. S. I & N SERVICE.
Issuance date of last document Location of I & N Service Office issuing last document (city and state)

My last document is is not attached.

If document not attached, state reason:

13. I have have not been under exclusion or deportation proceedings in the United States. If you have been under exclusion or deportation proceedings give date and place proceedings were started.

14. The following members of my family are also applying for a Refugee Travel Document: (Give name and relationship.)

15. Date of proposed departure from U. S. **MARCH 76** Length of intended absence abroad **ONE OR TWO MONTHS.**

Mailing address abroad: (Number and street) **ANY HOTEL** (City/Town) (State/Province/District) (Country)

Countries to be visited (List each country)

Reasons for going abroad (Be concise and complete):

**SPAIN AND
BRASIL** **TO VISIT RELATIVES
AND FRIENDS.**

16. I did did not register for Selective Service.

17. Completed Form G-325A (Biographic Information) is attached Completed Form G-325A (Biographic Information) is not attached as part of this application. as applicant is under 14 years of age.

18. COMPLETE THIS BLOCK ONLY IF YOU ARE A LAWFUL PERMANENT RESIDENT

a. I have have not engaged in business or employment outside the United States since I became a permanent resident of the United States. (If you have engaged therein, briefly describe and show periods of such employment or business activity.)

b. Since the time I became a permanent resident of the United States, I have filed a federal income tax return as a nonresident. Yes No. (If "Yes", state the years for which you filed tax return as a nonresident, your address shown in each such return, and the location (city and state) of the Internal Revenue Service office where filed.)

18. COMPLETE THIS BLOCK ONLY IF YOU ARE A LAWFUL PERMANENT RESIDENT

a. I have have not engaged in business or employment outside the United States since I became a permanent resident of the United States. (If you have engaged therein, briefly describe and show periods of such employment or business activity.)

b. Since the time I became a permanent resident of the United States, I have filed a federal income tax return as a nonresident. Yes No. (If "Yes", state the years for which you filed tax return as a nonresident, your address shown in each such return, and the location (city and state) of the Internal Revenue Service office where filed.)

c. Since the time I became a permanent resident of the United States, I have failed to file a federal income tax return with respect to income I earned outside the U. S. because I regarded myself as a nonresident alien and therefore exempt from tax on such earnings.

Yes No. (If "Yes", state the years for which you failed to file tax returns for that reason.)

d. I do do not intend to return to the U. S. after my temporary visit abroad. If not, explain:

e. I do do not intend to retain my status as a lawful permanent resident. If not, explain:

19. COMPLETE THIS BLOCK ONLY IF YOU ARE AN APPLICANT FOR EXTENSION OF A REFUGEE TRAVEL DOCUMENT

Date and place of issuance of attached Refugee Travel Document	Expiration date of attached document	Date by which I intend to return to the United States
--	--------------------------------------	---

List of all countries visited since last departure from the U. S., in the order visited

List of all countries I intend to visit

I have have not established a lawful permanent residence in another country since the date of issuance of the attached Refugee Travel Document.

20. The Refugee Travel Document, if issued or extended, should be forwarded to:

My address as shown in Block #1.

U. S. Embassy or Consulate at: _____

U. S. Immigration and Naturalization Service Office at: _____

Other (Specify) _____

21. If your native alphabet is in other than Roman letters, write your name in your native alphabet in this block.

I certify that the above is true and correct.

Signature of Applicant:

Ramiro Rodriguez

Date of Signature: DECEMBER 1975

22. (Signature of person preparing form, if other than applicant.) I declare that this application was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Ricardo M. Gastraua
Date: DEC 1975

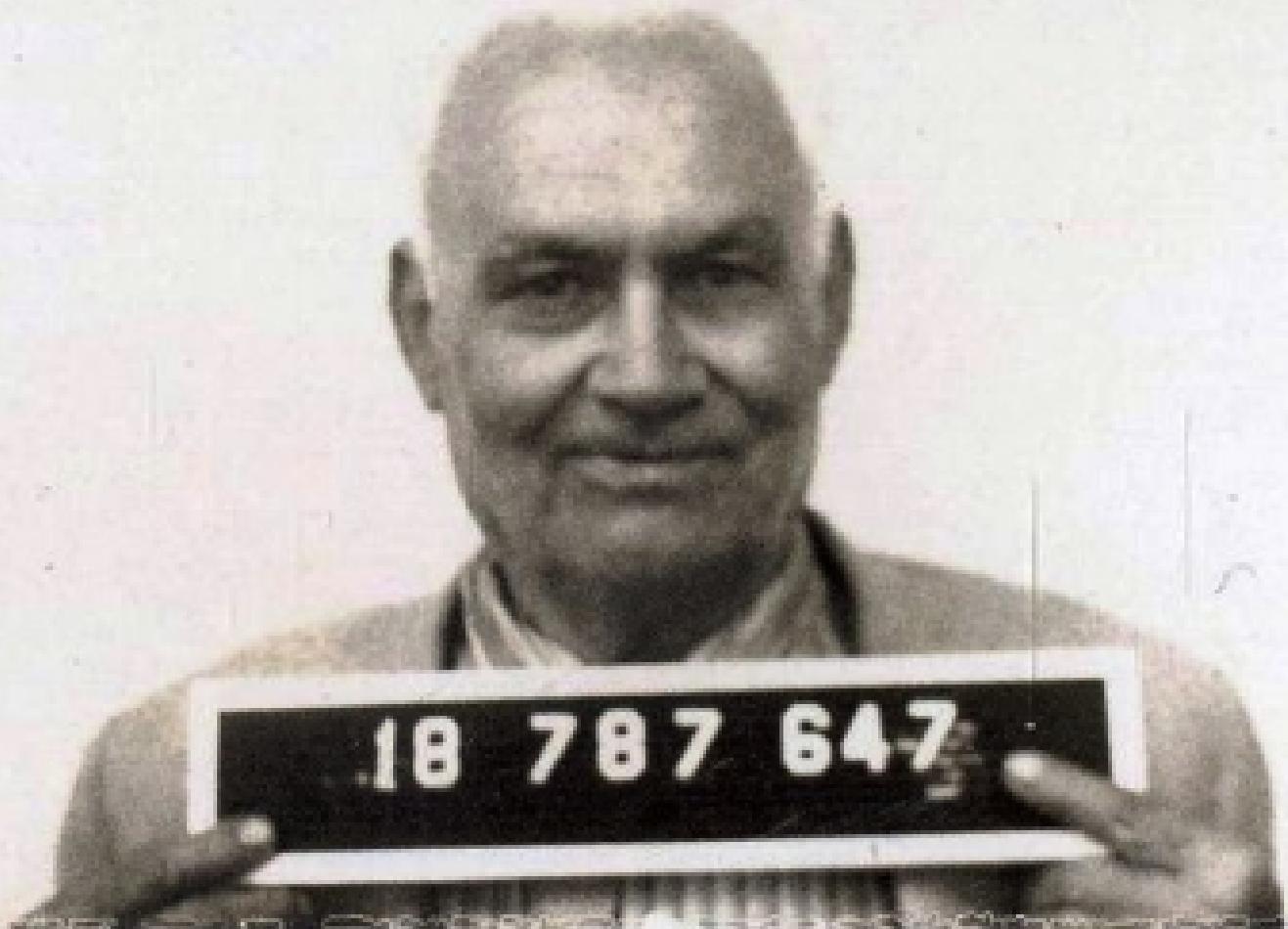
Address of person preparing form, if other than applicant

2136 S.W. 5th Street API 4
MIAMI FLA. 33135

Occupation: OFFICE WORKER

APPLICANT-DO NOT WRITE BELOW THIS LINE

DATE OF ACTION DD DISTRICT	U. S. APPROVED INS JAN 27 1976 Edward J. DeSweeney MIAMI, FLORIDA soc	Document Valid To: (Date) Status which may be accorded alien upon return to U. S. Restriction on travel in following countries waived:	DELIVERY OF DOCUMENT BY: <input checked="" type="checkbox"/> MAIL <input type="checkbox"/> PERSONAL DELIVERY EMPLOYEE EFFECTING PERSONAL DELIVERY (Initials) (Office) (Date)
-------------------------------	---	--	--



18 787 647

NAME (LAST IN CAPS)	(FIRST)	(MIDDLE)	SNDX CODE	NO.
RODRIGUEZ-Lopez, Narciso			A18 787 647	
Alias				
P.O.E.	DATE OF ENTRY	TYPE ADM.	MO.-DAY-YR. OF BIRTH	COUNTRY OF BIRTH
MIA	04-24-72	CB6	10-29-00	Spain
Type of Action:			Name of Sponsor:	
I-485A				
Action on VP: (Decision) (Mo.) (Day) (Year)			(Section)	(Forwarded to Consul at:)
APVD. MIA 04-11-77				
Street Address (City, State, and Zip Code)				
FCO	Date	FCO	Date	FCO
MIA	06-16-77 s1a			
Accession No.			Box No.	
Form G-361 (Rev. 4-1-76) N CORRECTED INDEX CARD				
Triplicate				

U. S. DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

155 SOUTH MIAMI AVENUE
MIAMI, FLORIDA 33130

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

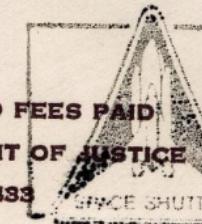


ATTEMPTED-NOT KNOWN

NO SUCH NUMBER

ROUTE No. 3066 CARR/INITIALS

gg DATE 3-23-81



Murio



UNITED STATES DEPARTMENT OF JUSTICE

Immigration and Naturalization Service
155 SOUTH MIAMI AVENUE ROOM 300
MIAMI, FLORIDA 33130

FILE NUMBER

A18787647

DATE

3/19/81

TC-I-90

NARCISO Rodriguez
1028 S.W. 9th Ave #3
Miami, FL 33130

Please come to the office shown below at the time and place indicated in connection with an official matter.

OFFICE LOCATION	155 SOUTH MIAMI AVENUE MIAMI, FLORIDA 33130	Room No. 300	Floor No. 3 RD.
DATE AND HOUR	3/30/81 9:00 A.M.		
ASK FOR	Immigration Examiner.		
REASON FOR APPOINTMENT	Your application for Alien Registration Card.		
BRING WITH YOU	This letter and your Passport.		

IT IS IMPORTANT THAT YOU KEEP THIS APPOINTMENT AND BRING THIS LETTER WITH YOU.
If you are unable to do so, state your reason, sign below and return this letter to this office at once.

I am unable to keep the appointment because:

Very truly yours,

Joe D. Howerton
Joe D. Howerton
District Director

FILE
16

UNITED STATES DEPARTMENT OF JUSTICE

Immigration and Naturalization Service
 155 SOUTH MIAMI AVENUE ROOM 300
 MIAMI, FLORIDA 33130

FILE NUMBER

A18787647

DATE

3/19/81

TC-I-90

NARCISO Rodriguez
 1028 SW. 9th Ave #3
 Miami, FL 33130

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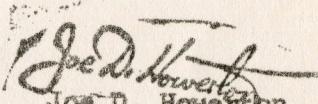
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 If you are unable to do so, state your reason, sign below and return this letter to this office at once.

I am unable to keep the appointment because:

SIGNATURE

DATE

Very truly yours,


 Joe D. Howerton
 District Director

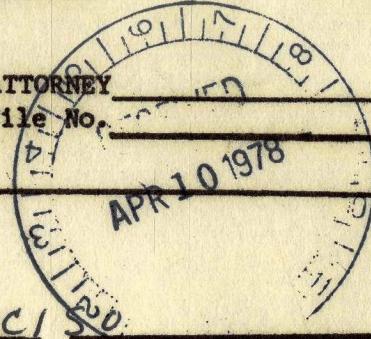
UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

Processing Sheet

Application or
Petition Form No. I-90

ATTORNEY _____

File No. _____



NAME RODRIGUEZ-LOPEZ NARCISO
Last Name (s) (First) (Middle)

A# 18787647

<u>mia</u>	<u>04 24 72</u>	<u>CU-6</u>	<u>10 29 00</u>	<u>m</u>	<u>94</u>
PORT	DATE ADMITTED	CLASS	DATE OF BIRTH	SEX	NATIONALITY CODE

DOCUMENT OR ACTION REQUIRED: ISSUE I-151

DATE: 4/5/78

GRANT
DECISION

4/5/78
DATE

E E Smith
OFFICER'S SIGNATURE

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**

FILE NO A18 787 647DATE MAR 25 1977

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

**Narciso RODRIGUEZ-Lopez
1028 SW 9 Ave (#22)
Miami, Fla. 33130**

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 below 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
All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER.

Please show this letter to any laboratory performing tests. Also present the copies of this 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

DATE

TIME

APR 11 1977 11- AM

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.

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

INSTRUCTIONS: USE TYPEWRITER. BE SURE ALL COPIES ARE LEGIBLE. Failure to answer fully all questions delays action.

Remove Carbons: If typewriter is not available, print heavily in block letters with ball-point pen. ★ U.S. GOVERNMENT PRINTING OFFICE 1974 537-548

FORM 1-325A (REV. 8-27-72)N

Form Approved
OMB No. 43-R436

10/24/74

UNITED STATES DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

BIOGRAPHIC
INFORMATION

(Family name) Rodriguez-Lepe	(First name) Narciso	(Middle name) -----	<input checked="" type="checkbox"/> MALE	BIRTHDATE(Mo.-Day-Yr.) Oct. 29, 1,900	NATIONALITY Cuban	ALIEN REGISTRATION NO. (If any) A 18 787 647
--	--------------------------------	------------------------	--	---	-----------------------------	--

ALL OTHER NAMES USED (Including names by previous marriages)	CITY AND COUNTRY OF BIRTH Islas Canarias, Spain	SOCIAL SECURITY NO. (If any) 136 50 0843
--	---	--

FATHER Redriguez	FIRST NAME Miguel.	DATE, CITY AND COUNTRY OF BIRTH(If known) Islas Canarias, Spain	CITY AND COUNTRY OF RESIDENCE He died
MOTHER(Maiden name) Lopez	MARIA	Islas Canarias, Spain	She died

HUSBAND(If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) Sanchez-Acosta	FIRST NAME Consuelo	BIRTHDATE 5-2-910	CITY & COUNTRY OF BIRTH Union de Reyes Matanzas, CUBA	DATE OF MARRIAGE 5-26-1924	PLACE OF MARRIAGE Florida, Camaguey, CUBA
--	--	-------------------------------	-----------------------------	---	--------------------------------------	---

FORMER HUSBANDS OR WIVES(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	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
1028 S.W. 9th Avenue Apt.22	Miami	Florida	U.S.A.	Aug.	1974	PRESENT TIME	
69 Delancy Street	Newark	New Jersey	U.S.A.	June	1971	July	1974
160 Clifford Street	Newark	New Jersey	U.S.A.	April	1970	June	1971
12 Lugareno Street	Florida	Camaguey	CUBA	May	1940	April	1970

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
12 Lugareno Street	Florida	Camaguey	CUBA	May	1940	April	1970

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
	None					

Show below last occupation abroad if not shown above. (Include all information requested above.)

Agramonte Sugar Cia. Central Agramonte, Cam.CUBA	Driver	July 1926	July 1965
--	--------	-----------	-----------

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

<input type="checkbox"/> NATURALIZATION	<input type="checkbox"/> ADJUSTMENT OF STATUS
<input checked="" type="checkbox"/> OTHER (SPECIFY):	Residence

SIGNATURE OF APPLICANT OR PETITIONER

DATE

Oct. 23, 1974

Narciso Rodriguez

IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:

Are all copies legible? Yes

~~SECRET~~
BIOGRAPHIC INFORMATION

(Family name) RODRIGUEZ-Lopez	(First name) Narciso	(Middle name) -----	<input checked="" type="checkbox"/> MALE	BIRTHDATE(Mo.-Day-Yr.) Oct. 29/1900	NATIONALITY Cuban	ALIEN REGISTRATION NO. A 18 787647	
ALL OTHER NAMES USED (Including names by previous marriages) ----			CITY AND COUNTRY OF BIRTH Islas Canarias, Spain		SOCIAL SECURITY NO. 136050-0843		
FATHER Rodriguez	FIRST NAME Miguel	DATE, CITY AND COUNTRY OF BIRTH(IF known)			CITY AND COUNTRY OF RESIDENCE He died		
MOTHER(Maiden name) López	MARIA	FIRST NAME Islas Canarias, Spain			She died		
HUSBAND(If none, so state OR WIFE)	FAMILY NAME (For wife, give maiden name) Sanchez Rodriguez	FIRST NAME 5x2x1910	BIRTHDATE 5-2-10	CITY & COUNTRY OF BIRTH UNION DE REYES Consuelo	DATE OF MARRIAGE 11-24-24	PLACE OF MARRIAGE Floria, Camaguey, CUBA	
FORMER HUSBANDS OR WIVES(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	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH YEAR	
1028 S.W. 9th Avenue, Apt. 3	Miami	Florida	U.S.A.	August	1973	PRESENT TIME	
375 Rosemblt Avenue	Jersey City	New Jersey	U.S.A.	June	1972	July 1973	
360 Cliffort Street.	Newark	New Jersey	U.S.A.	April	1971	June 1972	
733 Prospect Street	Newark	New Jersey	U.S.A.	May	1970	March 1971	
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	
Lugareño No. 12	Florida	Camaguey	Cuba	July	1944	April 1970	
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.)							
Estrella Sugar Mill, Estrella Camaguey, CUBA Driver				January 926-6- 1965			
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:				SIGNATURE OF APPLICANT OR PETITIONER			
<input type="checkbox"/> NATURALIZATION	<input type="checkbox"/> ADJUSTMENT OF STATUS	Ext. of Refugee Travel Document.		DATE 12-3-1,975			
<input checked="" type="checkbox"/> OTHER (SPECIFY):			IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE; <i>Narciso Rodriguez</i>				
Are all copies legible?		<input checked="" type="checkbox"/> Yes					

BIOGRAPHIC INFORMATION

(Family name) RODRIGUEZ-Lopez	(First name) Narciso	(Middle name) -----	<input checked="" type="checkbox"/> MALE	BIRTHDATE(Mo.-Day-Yr.) Oct. 29/1900	NATIONALITY Cuban	ALIEN REGISTRATION NO. A 18 787647
ALL OTHER NAMES USED (Including names by previous marriages) ----			<input type="checkbox"/> FEMALE	CITY AND COUNTRY OF BIRTH Islas Canarias, Spain		
			CITY AND COUNTRY OF RESIDENCE Islas Canarias, Spain			SOCIAL SECURITY NO. 136050-0843

FATHER Rodriguez Miguel	FAMILY NAME Islas Canarias	FIRST NAME Spain	DATE, CITY AND COUNTRY OF BIRTH(IF known)	CITY AND COUNTRY OF RESIDENCE He died		
MOTHER(Maiden name) López	MARIA	Islas Canarias, Spain		She died		
HUSBAND(If none, so state OR WIFE)	FAMILY NAME (For wife, give maiden name) Sanchez	FIRST NAME Consuelo	BIRTHDATE 1910-5-2-10	CITY & COUNTRY OF BIRTH UNION DE REYES	DATE OF MARRIAGE 11-24-24	PLACE OF MARRIAGE Floria, Camaguey, CUBA
Matanzas, CUBA						

FORMER HUSBANDS OR WIVES(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
1028 S.W. 9th Avenue,	Apt. 3 Miami	Florida	U.S.A.	August	1973
375 Rosemblt Avenue	Jersey City	New Jersey	U.S.A.	June	1972
360 Cliffort Street.	Newark	New Jersey	U.S.A.	April	1971
733 Prospect Street	Newark	New Jersey	U.S.A.	May	1970
				March	1971

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM	TO
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR
Lugareño No. 12	Florida	Camaguey	Cuba	July 1944	April 1970
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.				FROM	TO
FULL NAME AND ADDRESS OF EMPLOYER	NONE		OCCUPATION(SPECIFY)	MONTH	YEAR

Show below last occupation abroad if not shown above. (Include all information requested above.)

Estrella Sugar Mill, Estrella Camaguey, CUBA Driver	January 926-6- 1965
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER
<input type="checkbox"/> NATURALIZATION	<input type="checkbox"/> ADJUSTMENT OF STATUS
<input type="checkbox"/> OTHER (SPECIFY):	Ext. of Refugee Travel Document.
IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS. WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE: Mia	
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) RODRIGUEZ-López	(Given name) Narciso	(Middle name) -----	(Alien registration number) A 18 787 647
---	--------------------------------	------------------------	--

(OTHER AGENCY USE)	INS USE (Office of Origin) MIA
	OFFICE CODE: I-570
	TYPE OF CASE: I-570
	DATE: 12-11-75
(4) Consul	

LEAVE THIS SPACE BLANK

LAST NAME

FIRST NAME

MIDDLE NAME

SEX

RACE

APPLICANT

SIGNATURE OF PERSON FINGERPRINTED

X *Narciso Rodriguez*
 RESIDENCE OF PERSON FINGERPRINTED
 7881 *Hollywood 57*
Hollywood, FLA.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

Kaufman APR 2 1970

REASON FINGERPRINTED

CONTRIBUTOR AND ADDRESS

USINS

MIAMI, FLA.

CITY & STATE

YOUR NUMBER

PLACE FBI NO. HERE

CITIZENSHIP

CUBA

COMPANY AND ADDRESS

(Inches)

WT.

HAIR

EYES

DATE OF BIRTH

PLACE OF BIRTH

CANADA

Spain

REF.

LEAVE THIS SPACE BLANK

CLASS:

16 1 A

AMP

4

REF.:

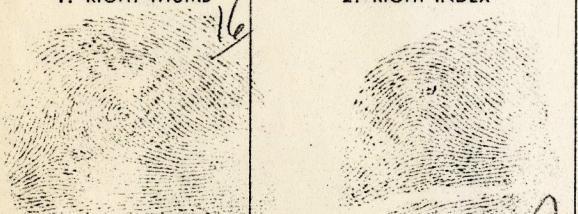
PD 5

See reverse side for further instructions

1. RIGHT THUMB



2. RIGHT INDEX



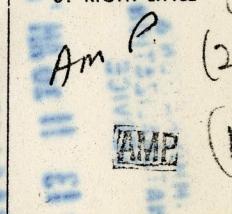
3. RIGHT MIDDLE



4. RIGHT RING



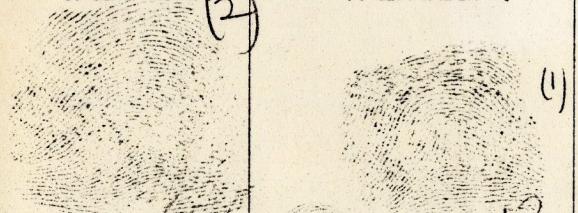
5. RIGHT LITTLE



6. LEFT THUMB



7. LEFT INDEX



8. LEFT MIDDLE



9. LEFT RING



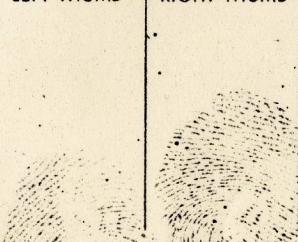
10. LEFT LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



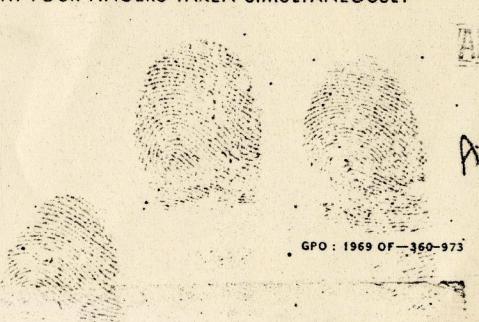
LEFT THUMB



RIGHT THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



GPO : 1969 OF - 360-973

NO ARREST RECORD FBI

U.S. IMMIGRATION &
NATIONALIZATION
SERVICE

MAY 13 11 10 AM '70

R&I SECTION
MIAMI DISTRICT OFFICE

NO ARREST RECORD FBI

NAME (LAST)

(FIRST)

(MIDDLE)

FILE NO.

RODRIGUEZ-Lopez,

Narciso

A 18 787 647

Date & Place of Birth

Oct. 29/1900
Canarias, Spain

Present Address

7881 Sheridan St.
Hollywood, Fla.

Foreign Address

Lugareno 12, Florida,
Camaguey

Place of Entry

Date

Manner

MIA

4-22-70

RD 1148

Nationality

V/D to

Deferred Inspection

Paroled to

CUBAN

INDEF

Occupation in Cuba

1923 to 1926 Foreign Military Service & Rank

Sugar refinery at v army hospital no pol no per

Visa Type

Place of Issue

Date of Issue

Valid to

Limited or Unlimited

Passport No.

Date Issued

Validity Date

Birth Certificate

55237

Sept. 6/66

Marital Status

Name & Address of Spouse

M- Consuelo Julia Sanchez-Acosta - ACC

Reasons Claimed for Being Unable to Return to Country of Nationality

SE-180

POL

Rev. 5-25-62 (10)

pol

GROUP #

POS. / NEG.

F B I

✓

C + A

✓

S T A T E

✓

C. I. C. P.

✓

22

O. N. I.

O S I

C. I. C.

S L B

52

DATE TO
H E W

MAR 12 1970

OFFICER

On temporary

GROUP #

POS. NEG.

F B I

C I A

S T A T E

C. I. C. P.

O. N. I.

O S I

C. I. C.

S L D

**DATE TO
H E W AUG 22 1986**

OFFICER

W. J. Moriarty

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.

APR 22 1970

Fecha

Karen Dohig

Firma