


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Sep 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702057
 1. Corporation Name
**Confederacion de Trabajadores de Cuba
 Delegacion de Miami (CDTCDM), Inc.**

Principal Place of Business 821 NW 40 Avenue Miami, Fl. 33126	Mailing Address SAME
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3. Date Incorporated or Qualified 02-23-1961	3a. Date of Last Report July 1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number Not Applicable	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent Alonso, Jose M. 1700 NW Delaware Parkway Miami Fl., 33160		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gutierrez, Arsenio	1.2 NAME	
STREET ADDRESS	7425 SW 39th Terrace	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl.	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pomar, Facundo	2.2 NAME	
STREET ADDRESS	3383 NW 7 Street, # 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl.	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raquel Garcia Valladare	3.2 NAME	
STREET ADDRESS	2870 NW 18th Ave, Apt5C	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl.	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lluch, Carlos.	4.2 NAME	
STREET ADDRESS	821 NW 40 Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl.	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pedroso, Claro	5.2 NAME	
STREET ADDRESS	3561 NW 19th Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl.	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alonso, Jose M.	6.2 NAME	
STREET ADDRESS	1700 NW Delaware pkwy #33	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl.	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **08/19/97** **305-5910296**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

RMW
9-15-97

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