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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704687 (3)

1. Corporation Name

THE NATIONAL JOURNALISTS' ASSOCIATION OF CUBA IN EXILE, INC.

Principal Place of Business	Mailing Address
900 S.W. 1ST STREET 2ND FLOOR MIAMI FL 33130	900 S.W. 1ST STREET 2ND FLOOR MIAMI FL 33130

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

DEL PINO, ARTURO
1245 S.W. 5 ST. #1
MIAMI FL 33135

3. Date Incorporated or Qualified	10/18/1962
4. FEI Number	59-1753963
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ALEJANDRE, A. ARMANDO	
STREET ADDRESS	7525 SW 82ND STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	IGLESIAS, AUBREO T	
STREET ADDRESS	4140 SW 82ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DEL PINO, ARTURO	
STREET ADDRESS	1245 S.W. 5TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARSANS, LUIS FELIPE	
1.3 STREET ADDRESS	3085 NW 4th. Street	
1.4 CITY-ST-ZIP	MIAMI, FL 33125	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERNANDEZ, MAURICIO	
2.3 STREET ADDRESS	1809 Brickell Ave. Apt 211	
2.4 CITY-ST-ZIP	MIAMI, FL 33129	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ARTURO DEL PINO *Arturo Del Pino* 01-30-98 (305) 324-6066

CR2E037 (10/97)