

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725287 (7)

1. Corporation Name
NATIONAL ASSOCIATION OF AGRONOMIC AND SUGAR ENGINEERS OF CUBA IN EXILE, INC.



Principal Place of Business: **6401-D SW 116 CT MIAMI FL 33173-1735**
Mailing Address: **C/O RAMON GOMEZ. CPA 782 NW 42 AVE. SUITE 447 MIAMI FL 33126 US**

3. Date Incorporated or Qualified: **01/16/1973**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2139182**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUESADA, MIGUEL A.
6401 SW 116 CT
MIAMI FL. FL 33173**

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	P	<input type="checkbox"/> DELETE
NAME	PINO, ARTURO	
STREET ADDRESS	2695 SW 102 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BELTRAN, VIRGILLO E	
STREET ADDRESS	12385 SW 22 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIAZ, RAFAEL	
STREET ADDRESS	10915 SW 38TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARVAJAL, ARMANDO	
STREET ADDRESS	8970 S.W. 4TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRERA, SILVIO	
STREET ADDRESS	2540 S.W. 92ND PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUESADA, MIGUEL A.	
STREET ADDRESS	6401 S.W. 116TH CT.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESPINA, DARIO	
1.3 STREET ADDRESS	6525 S.W. 49 TERRACE	
1.4 CITY-ST-ZIP	MIAMI, FL. 33155	
2.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARREÑO, PABLO	
2.3 STREET ADDRESS	9321 S.W. 69 ST.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33173	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GONZALEZ, JOSE R	
3.3 STREET ADDRESS	4243 S.W. 97 CT.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33165	
4.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HERRERA, SILVIO	
4.3 STREET ADDRESS	2540 S.W. 92 PLACE	
4.4 CITY-ST-ZIP	MIAMI, FL. 33165-8144	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PEREIRA, HILDELISA	
5.3 STREET ADDRESS	1541 S.W. 4 ST. No 4	
5.4 CITY-ST-ZIP	MIAMI, FL. 33135	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **Treasurer** *[Signature]* **APR 14/96 (305) 596-9542**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo Phone #

CR2E037 (12/95)