

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 # N10411 (9)
1. Corporation Name
ASAMBLEA PROVINCIAL DE LA HABANA EN EL EXILIO, I NC.



Principal Place of Business: **3503 SW 6TH ST. MIAMI FL 33135**
Mailing Address: **3503 SW 6TH ST. MIAMI FL 33135 US**

3. Date Incorporated or Qualified: **07/24/1985**
3a. Date of Last Report: **06/26/1995**
4. FEI Number: **59-2566367**
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 (21-23) and Mailing Address (24-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**GOMEZ, ROBERTO PEREDA
3503 SW 6TH ST
MIAMI FL 33135**

10. Name and Address of New Registered Agent (81-85) including Name, Street Address, City, and 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 (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCISCO, ENRIQUEZ	
STREET ADDRESS	444 SW 27 AVE, APT 23	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ HERMIDA, EDUARDO	
STREET ADDRESS	841 W 48TH ST	
CITY - ST - ZIP	HIALEAH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOMEZ, ROBERTO PEREDA	
STREET ADDRESS	3503 SW 6TH TERR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, IVAN	
STREET ADDRESS	1101 NW 24 STR	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENITEZ, VICTOR R	
STREET ADDRESS	1825 W 44 PL #509	
CITY - ST - ZIP	HIALEAH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, SILVIA	
STREET ADDRESS	1341 SW 74TH AVE	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Enriquez, Francisco	
1.3 STREET ADDRESS	444 S.W. 27 Ave. Apt 23	
1.4 CITY - ST - ZIP	Miami, FL 33135	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cabrera Riesgo, Jose	
2.3 STREET ADDRESS	2945 S.W. 12 Street	
2.4 CITY - ST - ZIP	Miami, FL 33135	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pereda Gomez, Roberto	
3.3 STREET ADDRESS	3503 S.W. 6th Street	
3.4 CITY - ST - ZIP	Miami, FL 33135	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hernandez, Ivan E.	
4.3 STREET ADDRESS	1101 N.W. 26th Street	
4.4 CITY - ST - ZIP	Miami, FL 33127-4033	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cesar, Eli	
5.3 STREET ADDRESS	10146 S.W. 118 Ct	
5.4 CITY - ST - ZIP	Miami, FL 33186	
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Leal, Efren	
6.3 STREET ADDRESS	1311 W 32 Street	
6.4 CITY - ST - ZIP	Hialeah, FL 33012	

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: *Ivan E. Hernandez* **Ivan E. Hernandez, Treas. 04-30-96 - 888-7271**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone

CR2E037 (12/95)