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**May 14 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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 Mailing Address
3503 SW 6TH ST. MIAMI FL 33135 **3503 SW 6TH ST. MIAMI FL 33135-2517 US**

3. Date Incorporated or Qualified **07/24/1985** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-2566367** Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 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 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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ENRIQUEZ, FRANCISCO	1.2 NAME	D ENRIQUEZ, FRANCISCO
STREET ADDRESS	444 SW 27 AVE, APT 23	1.3 STREET ADDRESS	444 SW 27 AVE., APT 23
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD CABRERA RIESGO, JOSE	2.2 NAME	SD SANCHEZ, DAGOBERTO
STREET ADDRESS	2945 SW 12TH ST	2.3 STREET ADDRESS	3820 E 4 AVE.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PEREDA GOMEZ, ROBERTO	3.2 NAME	D PEREDA GOMEZ, ROBERTO
STREET ADDRESS	3503 SW 6TH ST	3.3 STREET ADDRESS	3503 SW 6TH ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HERNANDEZ, IVAN	4.2 NAME	T HERNANDEZ, IVAN
STREET ADDRESS	1101 NW 26TH ST	4.3 STREET ADDRESS	10300 SW 24 ST. APT D-16
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP CESAR, RLI	5.2 NAME	P CESAR, ELI
STREET ADDRESS	10146 SW 118TH CT	5.3 STREET ADDRESS	10146 SW 118TH CT
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P LEAL, EFREN	6.2 NAME	VP ENCINOSA, PEDRO B.
STREET ADDRESS	1311 W 32 ST	6.3 STREET ADDRESS	2252 SW 105 CT
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	MIAMI, FL 33165

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

SIGNATURE _____ DATE: 04-30-1997 TELEPHONE: 305-888-7271

CR2E037 (9/96)