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FILED
May 06 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 # 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
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3. Date Incorporated or Qualified 07/24/1985		
4. FEI Number 59-2566367	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" 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 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		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUEZ, FRANCISCO	1.2 NAME	Brito Jose M.
STREET ADDRESS	444 SW 27 AVE, APT 23	1.3 STREET ADDRESS	5033 NW 7 Street
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, DAGOBERTO	2.2 NAME	Sanchez Dagoberto
STREET ADDRESS	3820 E. 4 AVE.	2.3 STREET ADDRESS	8181 NW South River Dr.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Medley, FL 33166
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREDA GOMEZ, ROBERTO	3.2 NAME	Pereda Gomez, Roberto
STREET ADDRESS	3503 SW 6TH ST	3.3 STREET ADDRESS	3503 SW 6 Street
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, IVAN	4.2 NAME	Hernandez Ivan
STREET ADDRESS	10300 S.W. 24 ST., APT. D-16	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	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESAR, RLI	5.2 NAME	Hurtado Nely
STREET ADDRESS	10146 SW 118TH CT	5.3 STREET ADDRESS	290 E 39 St
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Hialeah, FL 33013
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENCINOSA, PEDRO B	6.2 NAME	Diaz Silvia
STREET ADDRESS	2252 S.W. 105 CT	6.3 STREET ADDRESS	1341 SW 74 Ave
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL 33144

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: Ivan Hernandez **Ivan Hernandez, Teas. 04-28-98**

CP2E037 (10/97)