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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10411

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/24/1985	4. FEI Number 59-2566367	Applied For Not Applicable
		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	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRITO, JOSE M 5033 NW 7TH STREET MIAMI FL 33126	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP BRITO, JOSE M. 5033 NW 7TH ST # 206 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANCHEZ, DAGOBERTO 8181 NW SOUTH RIVER DRIVE MEDLEY FL 33166	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D SANCHEZ, DAGOBERTO 8181 NW SOUTH RIVER DRIVE MEDLEY, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREDA GOMEZ, ROBERTO 3503 SW 6TH ST MIAMI FL 33135	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D PEREDA GOMEZ, ROBERTO 3503 SW 6TH ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, IVAN 10300 S.W. 24 ST., APT. D-16 MIAMI FL 33165	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T HERNANDEZ, IVAN 10300 SW 24ST APT D-31 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURTADO, NELY 290 E 39TH STREET HIALEAH FL 33013	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD HURTADO, NELY 290 E 39TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, SILVIA 1341 SW 74TH AVENUE MIAMI FL 33144	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PD DIAZ, SILVIA 1341 SW 74TH AVENUE 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)(f), 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, with all other like empowered.

SIGNATURE: *John E. Hernandez* SIGNATURE REQUIRED TREASURER- 04-28-99 (305) 441-9085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)