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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N39841 (4)  
1. Corporation Name  
ASOCIACION NACIONAL DE HACENDADOS DE CUBA, INC.



Principal Place of Business Mailing Address

~~2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133 US~~  
2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133-5419 US

3. Date Incorporated or Qualified 09/05/1990  
3a. Date of Last Report 09/04/1996

2. Principal Place of Business  
21 701 Brickell Ave. Ste. 2150  
22 City & State Miami, FL  
23 Zip 33131 County U.S.A.

4. FEI Number 65-0246763 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

9. Name and Address of Current Registered Agent  
GUTIERREZ, JR., NICHOLAS J. ESQ.  
2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133

10. Name and Address of New Registered Agent  
81 Name Gutierrez Jr, Esq, Nicolas J.  
82 Street Address 701 Brickell Ave.  
83 Ste. 2150  
84 City Miami FL 85 Zip 33131

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: *Nicholas J. Gutierrez Jr, Esq.* (NOTE: Registered Agent signature required when changing) DATE: 4/17/97

12. OFFICERS AND DIRECTORS	
TITLE	DV <input type="checkbox"/> DELETE
NAME	ARGUELLES, FERNANDO
STREET ADDRESS	1002 ALFONSO AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	D <input type="checkbox"/> DELETE
NAME	CAMAFRETTA, FAUSTINO
STREET ADDRESS	3411 SW 12TH STREET
CITY-ST-ZIP	MIAMI FL 33135
TITLE	DV <input type="checkbox"/> DELETE
NAME	CARDALLO, BENITO
STREET ADDRESS	5423 NW 192ND LANE
CITY-ST-ZIP	MIAMI FL 33055
TITLE	TD <input type="checkbox"/> DELETE
NAME	ROSELL, TEOBALDO
STREET ADDRESS	5819 TURIN ST
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	PD <input type="checkbox"/> DELETE
NAME	BEGUIRISTAIN, ALBERTO
STREET ADDRESS	<del>5901 SW 88TH ST</del>
CITY-ST-ZIP	<del>MIAMI FL 33156-2067</del>
TITLE	SD <input type="checkbox"/> DELETE
NAME	GUTIERREZ, JR., NICHOLAS J. ESQ.
STREET ADDRESS	<del>2601 S. BAYSHORE DRIVE, SUITE 1600</del>
CITY-ST-ZIP	<del>MIAMI FL 33133</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAMAFRETTA, FAUSTINO
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARBALLO, BENITO
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002189014-6
4.3 STREET ADDRESS	-05/22/97--01136--003
4.4 CITY-ST-ZIP	***3456.25 *****61.25
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	701 Brickell Ave, Ste. 2150
5.4 CITY-ST-ZIP	Miami, FL 33131
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	701 Brickell Ave, Ste. 2150
6.4 CITY-ST-ZIP	Miami, FL 33131

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Nicholas J. Gutierrez Jr, Esq.* DATE: 4/17/97 DAYTIME PHONE: 313-0330

CR2E037 (9/96)