

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 # N40596 (1)
1. Corporation Name
CONCIENCIA CUBANA INTERNACIONAL, INC.



Principal Place of Business: **254 SEAVIEW DR. KEY BISCAYNE FL 33149**
Mailing Address: ~~254 SEAVIEW DR. KEY BISCAYNE FL 33149~~

3. Date Incorporated or Qualified: **10/22/1990**
3a. Date of Last Report: **10/05/1995**
4. FEI Number: **65-0228924**
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**
2a. Mailing Address: **26 3610 S.W. 55th**
Suite, Apt. #, etc.: **22**
City & State: **23 MIAMI FL**
Zip: **24 33135** Country: **25**
City & State: **27**
Zip: **28 MIAMI FL** Country: **29 33135** Country: **30**

9. Name and Address of Current Registered Agent
**SUAREZ, ANGEL C
3610 S.W. 5 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: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, EMELY	
STREET ADDRESS	254 SEAVIEW DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DE LA TORRIENTE, M. CASTILLO	
STREET ADDRESS	4670 S W 13 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARDENAS, CRISTINA	
STREET ADDRESS	1901 BRICKELL AVE. B413	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUANO, CRISTINA	
STREET ADDRESS	1627 BRICKELL AVE 2502	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATISTA, CAMPILLI	
STREET ADDRESS	SERRANO 145, PISO 3 A 4	
CITY-ST-ZIP	MADRID, 28041, SPAIN	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, SILVIA T. ADD	
STREET ADDRESS	2721 S.W. 29	
CITY-ST-ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FERNANDEZ, SILVIA T	
1.3 STREET ADDRESS	2721 SW 29 AVE	
1.4 CITY-ST-ZIP	MIAMI FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Silvia T Fernandez* **4/20/96** (305) 445-0947
Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SILVIA T FERNANDEZ TREASURER**

CR2E037 (12/95)