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Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42460 (8)

1. Corporation Name
ALIANZA CUBANA INC.



Principal Place of Business 1361 SOUTHWEST 124TH COURT UNIT C MIAMI FL 33184-2367	Mailing Address 1361 SOUTHWEST 124TH COURT UNIT C MIAMI FL 33184-2367
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3. Date Incorporated or Qualified 03/07/1991	3a. Date of Last Report 06/19/1996
4. FEI Number 65-0264030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**LINARES, JOSE PEREZ
 1361 SW 124TH CT,
 UNIT C
 MIAMI FL 33184**

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	PD <input type="checkbox"/> DELETE
NAME	LINARES, JOSE PEREZ
STREET ADDRESS	1361 S.W. 124TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RIVERA, LUIS
STREET ADDRESS	1121 SW 74TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HECTOR, CORONA
STREET ADDRESS	1470 NW 107TH AVE, UNIT X
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ODRIOZOLA, CESAR
STREET ADDRESS	18 SW 31 CT.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	REMON, RENE
STREET ADDRESS	850 WEST 49TH ST. #201
CITY-ST-ZIP	HIALEAH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	QUIRCH, GUILLERMO FERN
STREET ADDRESS	5931 SW 50TH ST.
CITY-ST-ZIP	MIAMI FL

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 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 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 **7/11/97**

CR2E037 (9/96)