

**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 # **N92000000756 (8)**

1. Corporation Name

**CUBAN BANKING STUDY GROUP, INC.**



Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD.  
STE. 4874  
MIAMI FL 33131

200 S. BISCAYNE BLVD.  
STE. 4874  
MIAMI FL 33131

3. Date Incorporated or Qualified  
**12/11/1992**

3a. Date of Last Report  
**08/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PENINSULA REGISTERED AGENTS INC**  
200 S. BISCAYNE BLVD.  
41ST FLOOR  
MIAMI FL 33131

81 Name  
**CARLOS J. FERNANDEZ, CPA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**615 HARBOUR CIRCLE**

83

84 City  
**KEY BISCAYNE** FL 85 Zip Code  
**33149**

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

*(Signature)*

**CARLOS J. FERNANDEZ, TREASURER**

DATE

**2/9/96**

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GARCIA-VLADES, RAUL ESQ.</b>
STREET ADDRESS	<b>200 S. BISCAYNE BLV., STE. 4874</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VIDAL, FERNANDO CPA</b>
STREET ADDRESS	<b>200 S. BISCAYNE BLVD. STE. 4874</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>CAPABLANCA, FERNANDO A</b>
STREET ADDRESS	<b>200 S. BISCAYNE BLVD., STE. 4874</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>GARRIGO, JOSE R</b>
STREET ADDRESS	<b>200 SE FIRST ST</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ARGUELLES, JORGE R</b>
STREET ADDRESS	<b>200 S. BISCAYNE BLVD., STE. 4874</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VALDES-FAULI, GONZALO R</b>
STREET ADDRESS	<b>200 S. BISCAYNE BLVD. STE. 4874</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>

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 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:

*(Signature)*  
**CARLOS J. FERNANDEZ, TREASURER**

**2/9/96**

**305-789-2601**

Date

Day/Time Phone #

CR2E037 (12/95)