

ANNUAL REPORT
1997



Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31 1997 8:00am
Secretary of State

DOCUMENT # N92000000756
1. Corporation Name
CUBAN BANKING STUDY GROUP, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/92
3a. Date of Last Report 2/13/96
4. FEI Number 65-5378834
Applied For Not Applicable

2. Principal Place of Business
21 200 S. Biscayne Blvd.
Suite, Apt. #, etc. 22 4874
City & State 23 Miami, FL
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 200 S. Biscayne Blvd.
Suite, Apt. #, etc. 27 4874
City & State 28 Miami, FL
Zip 29 33131 Country 30 USA

8. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Peninsula Registered Agents, Inc.
200 S. Biscayne Boulevard (#4874)
Miami, Florida 33131

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Sandra B. Morham, V.P. of Peninsula Registered Agents, Inc.*
Signature, typed or printed name of registered agent and the applicable NOTE: Registered Agent signature required when resigning DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Arguelles, Jorge 200 S. Biscayne Blvd. (4874) Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bustillo, Oscar 200 S. Biscayne Blvd. (4874) Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Capablanca, Fernando A. 200 S. Biscayne Blvd. (4874) Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President Garrigo, Jose R. 200 S. Biscayne Blvd. (4874) Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Migoya, Carlos R. 200 S. Biscayne Blvd. (4874) Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Valdes-Fauli, Gonzalo R. 200 S. Biscayne Blvd. (4874) Miami, FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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, changed, or on an attachment with an address.

SIGNATURE: *Fernando A. Capablanca*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/19/97
Daytime Phone (305) 372-1515