

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 28 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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

Principal Place of Business	Mailing Address
2. Principal Place of Business	2a. Mailing Address

21. 701 Brickell Av. Suite, Apt. #, etc. 22. 2050 City & State 23. Miami, FL Zip 24. 33131 Country 25. USA	26. 701 Brickell Av. Suite, Apt. #, etc. 27. 2050 City & State 28. Miami, FL Zip 29. 33131 Country 30. USA
---	---

3. Date Incorporated or Qualified 12/11/92	4. FEI Number 65-0378834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**Peninsula Registered Agents, Inc.  
200 S. Biscayne Blvd.  
Suite 4874  
Miami, FL 33131**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 617.0607 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 617.0603, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D Arguelles, Jorge	<input type="checkbox"/> DELETE
NAME	701 Brickell Avenue	
STREET ADDRESS	Miami, FL 33131	
CITY-ST-ZIP		
TITLE	D Bustillo, Oscar	<input type="checkbox"/> DELETE
NAME	701 Brickell Ave.	
STREET ADDRESS	Miami, FL 33131	
CITY-ST-ZIP		
TITLE	D/P Capablanca, Fernando A.	<input type="checkbox"/> DELETE
NAME	701 Brickell Ave.	
STREET ADDRESS	Miami, FL 33131	
CITY-ST-ZIP		
TITLE	D/VP Garrigo, Jose R.	<input type="checkbox"/> DELETE
NAME	701 Brickell Ave.	
STREET ADDRESS	Miami, FL 33131	
CITY-ST-ZIP		
TITLE	D Jorge Salazar-Carrillo	<input type="checkbox"/> DELETE
NAME	701 Brickell Ave.	
STREET ADDRESS	Miami, FL 33131	
CITY-ST-ZIP		
TITLE	D Valdes-Fauli, Gonzalo R.	<input type="checkbox"/> DELETE
NAME	701 Brickell Avenue	
STREET ADDRESS	Miami, FL 33131	
CITY-ST-ZIP		

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	

100002540201  
-05/23/98-01008-034  
\*\*\*61.25

14. I 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; that I am 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 of this report, or on an attachment with an address

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)