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Secretary of State

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NON-PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000756

1. Corporation Name
CUBAN BANKING STUDY GROUP, INC.

Principal Place of Business
701 BRICKELL AVE., #2050
MIAMI FL 33131

Mailing Address
701 BRICKELL AVE., #2050
MIAMI FL 33131



2. Principal Place of Business 615 HARBOR CIRCLE Suite, Apt. #, etc. City & State KEY BISCAYNE, FL Zip 33149	2a. Mailing Address 26 SAME 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country USA	3. Date Incorporated or Qualified 12/11/1992	4. FEI Number 65-0378834 Applied For 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
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9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BOULEVARD (#4874)
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name CARLOS J. FERNANDEZ, CPA	82 Street Address (P.O. Box Number is Not Acceptable) 615 HARBOR CIRCLE	83	84 City KEY BISCAYNE	85 Zip Code 33149
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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] - TREASURER 1/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	ARGUELLES, JORGE	1.1 TITLE	Change
STREET ADDRESS: 701 BRICKELL AVE., #2050		1.2 NAME	40 CARLOS J. FERNANDEZ, CPA
ST-ZIP: MIAMI FL 33131		1.3 STREET ADDRESS	615 HARBOR CIRCLE
TITLE: D	BUSTILLO, OSCAR	1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
STREET ADDRESS: 701 BRICKELL AVE., #2050		2.1 TITLE	Change
ST-ZIP: MIAMI FL 33131		2.2 NAME	Same as above
TITLE: D/P	CAPABLANCA, FERNANDO A	2.3 STREET ADDRESS	
STREET ADDRESS: 701 BRICKELL AVE., #2050		2.4 CITY-ST-ZIP	
ST-ZIP: MIAMI FL 33131		3.1 TITLE	Change
TITLE: D/P	GARRIGO, JOSE R	3.2 NAME	Same as above
STREET ADDRESS: 701 BRICKELL AVE., #2050		3.3 STREET ADDRESS	
ST-ZIP: MIAMI FL 33131		3.4 CITY-ST-ZIP	
TITLE: D	CARRILLO-SALAZAR, JORGE	4.1 TITLE	Change
STREET ADDRESS: 701 BRICKELL AVE., #2050		4.2 NAME	Same as above
ST-ZIP: MIAMI FL 33131		4.3 STREET ADDRESS	
TITLE: D	VALDES-FAULI, GONZALO R	4.4 CITY-ST-ZIP	Change
STREET ADDRESS: 701 BRICKELL AVE., #2050		5.1 TITLE	Change
ST-ZIP: MIAMI FL 33131		5.2 NAME	Same as above
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	Change
		6.2 NAME	Same as above
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 1/9/99 305-913-2601

CR2E037 (1/198)