

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 # **N93000000437 (4)**

1. Corporation Name

ASOCIACION NACIONAL DE MINEROS Y PETROLEROS DE CUBA, INC.



Principal Place of Business: 2655 LE JEUNE RD. SUITE 539 CORAL GABLES FL 33134 US
Mailing Address: P.O. BOX 143557 CORAL GABLES FL 33114-3557

3. Date Incorporated or Qualified: 02/02/1993
3a. Date of Last Report: 08/14/1995
4. FEI Number: 65-0405993
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 19 West Flagler Street. 22 Suite 414 23 City & State: Miami, Florida 24 Zip: 33130 25 Country: U.S.A.
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: DIAZ-MASVIDAL, ALBERTO 2655 LE JEUNE RD. SUITE 539 CORAL GABLES FL 33134
10. Name and Address of New Registered Agent: 81 Name: Alberto Diaz-Masvidal 82 Street Address (P.O. Box Number is Not Acceptable): 19 West Flagler Street Suite 414 84 City: Miami FL 85 Zip Code: 33130

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: Alberto Diaz-Masvidal, President DATE: 4/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	DE LA CAMARA, FRANCISCO	1.1 TITLE: Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DE LA CAMARA, FRANCISCO	630 HAMPTON LANE	1.2 NAME:	
STREET ADDRESS: 630 HAMPTON LANE	KEY BISCAIYNE FL	1.3 STREET ADDRESS:	
CITY-ST-ZIP: KEY BISCAIYNE FL		1.4 CITY-ST-ZIP:	
TITLE: PD	DIAZ-MASVIDAL, ALBERTO	2.1 TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DIAZ-MASVIDAL, ALBERTO	11105 S.W. 133RD COURT	2.2 NAME:	
STREET ADDRESS: 11105 S.W. 133RD COURT	MIAMI FL	2.3 STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP:	
TITLE: SD	MATRINEZ-DE CASTRO, RAYMUNDO	3.1 TITLE: Director only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MATRINEZ-DE CASTRO, RAYMUNDO	1780 SW 29TH AVE.	3.2 NAME:	
STREET ADDRESS: 1780 SW 29TH AVE.	MIAMI FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP:	
TITLE: D	MOORE, CLARENCE W	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOORE, CLARENCE W	910 17TH ST., NW, STE. 210	4.2 NAME:	
STREET ADDRESS: 910 17TH ST., NW, STE. 210	WASHINGTON DC	4.3 STREET ADDRESS:	
CITY-ST-ZIP: WASHINGTON DC		4.4 CITY-ST-ZIP:	
TITLE: T	REYNALDO, ECTORE T	5.1 TITLE: Director only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: REYNALDO, ECTORE T	8270 S.W. 31ST ST.	5.2 NAME:	
STREET ADDRESS: 8270 S.W. 31ST ST.	MIAMI FL	5.3 STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		5.4 CITY-ST-ZIP:	
TITLE: D	DIAZ-DE VILLEGAS, RENE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DIAZ-DE VILLEGAS, RENE	5700 SW 127TH AVE., APT. 1204	6.2 NAME:	
STREET ADDRESS: 5700 SW 127TH AVE., APT. 1204	MIAMI FL	6.3 STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		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: Alberto Diaz-Masvidal, President DATE: 4/22/96 DAYTIME PHONE #: (305) 372-1441

CR2E037 (12/95)