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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name

N93000000437 (4)

ASOCIACION NACIONAL DE MINEROS Y PETROLEROS DE CUBA, INC.

Principal Place of Business Mailing Address

FILED Apr 24 1997 8:00am Secretary of State



3. Date Incorporated or Qualified O2/02/1993  2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified O2/02/1993  4. FEI Number 65-0405993  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  3. Date Incorporated or Qualified O2/02/1993  Applied For Not Applicable  \$8.75 Additional Fee Required  \$5. Certificate of Status Desired  Fee Required  \$5.00 May Be Added to Fees  Country  Country  Country  Country  Country  S. This corporation has liability for intangible tax order s. 199.032,	19 WEST FLAGLER STREET SUITE 414		P.O. BOX 143557 CORAL GABLES FL 33114-3557				
Solice, April 4, etc.    Solice, April 4, etc.   Solic	MIAMI FL 33130 US						
Solid April 4: No. 2	2. Principal Pla	ce of Business	2a. Mailing Address			, , , , , , , , , , , , , , , , , , , ,	
Suite, Apt. #, etc.  22 SUITE # 27  22 SUITE # 27  City & State # 22  County # 25  County #	21 19 W	EST PLAGAERS.	26		65-0405993		
City & State   City &	Suite, Apt. #	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		
B. This corporation has liability for intangible tasyforder e. 199 GSQ.  B. This corporation has liability for intangible tasyforder e. 199 GSQ.  B. Name and Address of Current Registered Agent  DIAZ-MASVIDAL, ALBERTO  19 WEST FLAGER STREET SUITE 414  SUITE 539  MIAMI FL 33130  11. Fusionant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligation of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligation of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligation of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligation of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the abproximant as registered agent. Lam minimiserum, and occept the obligation of Sections 617 0503. Priorida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNATURE S. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNATURE S. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNATURE S. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNATURE S. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNATURE S. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNATURE S. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNATURE S. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNATURE S. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNATURE S. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNATURE S. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS I STREET ADDRESS  SIGNA	City & State		City & State		Trust Fund Contribution	Added to Fees	
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4. To hereby certify that the littorial to supplied with its little and accurate and that my signature shall have the same legal effect as if made under cath; 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 cath; the lam 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:

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dete Daytime Phy

Daytime Phone # 0026172