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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

19 WEST FLAGLER STREET  
SUITE 414  
MIAMI FL 33130  
US

P.O. BOX 143557  
CORAL GABLES FL 33114-3557

3. Date Incorporated or Qualified  
02/02/1993

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 19 WEST FLAGLER ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 414

27

City & State

City & State

23 MIAMI, FLA

28

Zip

Country

Zip

Country

24 33130

25 U.S.

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ-MASVIDAL, ALBERTO  
19 WEST FLAGLER STREET SUITE 414  
SUITE 539  
MIAMI FL 33130

81 Name DIAZ-MASVIDAL ALBERTO  
82 Street Address (P.O. Box Number is Not Acceptable) 19 WEST FLAGLER STREET  
83 SUITE 414  
84 City MIAMI, FLA 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

DATE

4/16/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE T  
NAME DE LA CAMARA, FRANCISCO  
STREET ADDRESS 630 HAMPTON LANE  
CITY-ST-ZIP KEY BISCAVNE FL

1.1 TITLE D. VP.  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S  
NAME DIAZ-MASVIDAL, ALBERTO  
STREET ADDRESS 11105 S.W. 133RD COURT  
CITY-ST-ZIP MIAMI FL

2.1 TITLE CH. P. D. S. T.  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME MATRINEZ-DE CASTRO, RAYMUNDO  
STREET ADDRESS 1780 SW 29TH AVE.  
CITY-ST-ZIP MIAMI FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME MOORE, CLARENCE W  
STREET ADDRESS 910 17TH ST., NW, STE. 210  
CITY-ST-ZIP WASHINGTON DC

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME REYNALDO, ECTORE T  
STREET ADDRESS 8270 S.W. 31ST ST.  
CITY-ST-ZIP MIAMI FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: ALBERTO DIAZ MASVIDAL 4/16/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028172

CR2E037 (9/96)