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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 C
UBA, INC.

Principal Place of Business

19 WEST FLAGLER STREET
SUITE 414
MIAMI FL 33130
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
04/25/1996

2. Principal Place of Business

21 19 WEST FLAGLER ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 414

27 City & State

23 MIAMI, FLA

28 Zip

24 33130

Country

25 U.S.

29 Zip

Country

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

ALBERTO DIAZ MASVIDAL 4/16/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D. UP.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME CH. P. D. S. T.

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026172

ALBERTO DIAZ MASVIDAL 4/16/97

CR2E037 (9/96)