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Jun 13 1997 8:00am
Secretary of State

NOT FOR PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004060 (7)
 1. Corporation Name
 ASOCIACION CANARIA DE LA FLORIDA, INC.

Principal Place of Business P.O. Box #442119 MIAMI, FL. 33144 85 Grand Canal Dr. #200 MIAMI, FLORIDA, 33144	Mailing Address P.O. Box #442119 MIAMI, FL. 33144
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3. Date Incorporated or Qualified 08/02/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
 LARAPARRILLA, ERNESTO
 P.O. BOX # 442119
 MIAMI, FL. 33144

10. Name and Address of New Registered Agent

81 Name	ERNESTO LARAPARRILLA
82 Street Address (P.O. Box Number is Not Acceptable)	85 Grand Canal Dr. #200
83	MIAMI, FLORIDA, 33144
84 City	FL
85 Zip Code	

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: *Ernesto Laraparrilla* ERNESTO LARAPARRILLA, Presidente 05-10-97
 (NOTE: Registered Agent signature required when remaining.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPresident	<input type="checkbox"/> DELETE
NAME	ERNESTO LARA PARRILLA	
STREET ADDRESS	85 GRAND CANAL DR. # 200	
CITY-ST-ZIP	MIAMI, FL. 33144	
TITLE	DVice-President	<input type="checkbox"/> DELETE
NAME	FRANCISCO J. LORENZO-SANCHEZ	
STREET ADDRESS	Carvajal 2-4 D 33004	
CITY-ST-ZIP	Las Palmas de Gran Canaria	
TITLE	Dtreasurer	<input type="checkbox"/> DELETE
NAME	JUAN Z. CURA	
STREET ADDRESS	5801 Coral Way	
CITY-ST-ZIP	Miami, Fl. 33155	
TITLE	Dsecretary	<input type="checkbox"/> DELETE
NAME	Dr. ERNESTO ABERASTURIA	
STREET ADDRESS	575 S.W. 84th Av.	
CITY-ST-ZIP	Miami, Fl, 33144	
TITLE	DExecutive Vice-Presid.	<input type="checkbox"/> DELETE
NAME	Tomas Villar Estrems	
STREET ADDRESS	85 Grand Canal Dr. #200	
CITY-ST-ZIP	Miami, Fl. 33144	
TITLE	DFirst Vice-Secretary	<input type="checkbox"/> DELETE
NAME	Julio Barrios Camarotti	
STREET ADDRESS	9401 S.W. 4th St.	
CITY-ST-ZIP	Miami, Fl. 33174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	TSecretary Foreign Relat	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOMAS LOPEZ MONZON	
1.3 STREET ADDRESS	20580 S.W. 125 CT.	
1.4 CITY-ST-ZIP	Miami, Fl. 33177	
2.1 TITLE	TSecond Vice-Presid.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR. RODOLFO NODAL TARAFIA	
2.3 STREET ADDRESS	10865 S.W. 112 Av.	
2.4 CITY-ST-ZIP	Miami, Fl. 33176	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002213171	
6.3 STREET ADDRESS	-06/16/97--01116--009	
6.4 CITY-ST-ZIP	***75.00	

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: *Ernesto Laraparrilla* 04/25/97 (305) 267-7785
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone # (305) 267-7785