

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 28 AM 11:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000074477 (8)

1. Corporation Name
**CONSOLIDATED CUBAN OIL AND GAS RIGHTS CORPORATIO
N**



Principal Place of Business Mailing Address
**19 WEST FLAGLER STREET
SUITE 416, BISCAYNE BLDG.
MIAMI FL 33130** **PO BOX 143557
SUITE 416, BISCAYNE BLDG.
MIAMI FL 33114-3557
US**

3. Date Incorporated or Qualified 10/11/1994	3a. Date of Last Report 04/25/1996
4. FEI Number 65-0622197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input 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 checked="" 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 30

9. Name and Address of Current Registered Agent
**METSCH, LAWRENCE R
19 W FLAGLER ST
SUITE 416
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MOORE, CLARENCE W	
STREET ADDRESS	910 17TH ST NW SUITE 210	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	DIAZ-MASVIDAL, ALBERTO	
STREET ADDRESS	19 WEST FLAGLER ST., SUITE 416	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	CRICHTON, JACK	
STREET ADDRESS	10830 N CENTRAL EXPRESSWAY SUITE 175	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MOORE, CLARENCE W
13 STREET ADDRESS	910 17TH ST NW SUITE 210
14 CITY-ST-ZIP	WASHINGTON DC 20006
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ALBERTO DIAZ MASVIDAL
23 STREET ADDRESS	19 WEST FLAGLER ST SUITE 416
24 CITY-ST-ZIP	MIAMI, FL 33130
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CRICHTON, JACK
33 STREET ADDRESS	10830 N CENTRAL EXPWY SUITE 175
34 CITY-ST-ZIP	DALLAS TX 75231
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	600002156946
53 STREET ADDRESS	-04/28/97--01041--039
54 CITY-ST-ZIP	****165.00 ****165.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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** 4/21/97 (205) 3983410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)