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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P96000024268

1. Corporation Name
COMPANIA CUBANA DE ALCOHOL, INC.



Principal Place of Business Mailing Address
1101 BRICKELL AVE., STE 1400 MIAMI FL 33131

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 25 29 30

9. Name and Address of Current Registered Agent

GUTIERREZ, JR, NICHOLAS J ESQUIRE
1101 BRICKELL AVE., STE 1400
MIAMI FL 33131

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

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

Signature typed or printed name of registered agent or officer or director

12. OFFICERS AND DIRECTORS

TITLE	D	[DELETE]
NAME	CARRILLO, ENRIQUE SR	
STREET ADDRESS	6440 S.W. 20TH TERRACE	
CITY-STATE-ZIP	MIAMI FL 33155	
TITLE	D	[DELETE]
NAME	CARRILLO, DOLORES D	
STREET ADDRESS	3620 GRANADA BLVD.	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE	D	[DELETE]
NAME	CARRILLO-MENDOZA, GLORIA	
STREET ADDRESS	801 CAPRI STREET APT. 305	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE	D	[DELETE]
NAME	BARRERA, MARGARITA	
STREET ADDRESS	123 PARK AVENUE APT. 11-C	
CITY-STATE-ZIP	NEW YORK NY 10128-1728	
TITLE	D	[DELETE]
NAME	DEL VALLE RICHARDS, LOYOLA	
STREET ADDRESS	1101 FLOR LANE	
CITY-STATE-ZIP	MCLEAN VA 22101	
TITLE	SD	[DELETE]
NAME	GUTIERREZ, JR, NICHOLAS J ESO	
STREET ADDRESS	1101 BRICKELL AVE., STE 1400	
CITY-STATE-ZIP	MIAMI FL 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[CHANGE] [DELETE]
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	[CHANGE] [DELETE]
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	[CHANGE] [DELETE]
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[CHANGE] [DELETE]
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[CHANGE] [DELETE]
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[CHANGE] [DELETE]
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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 5/13/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *Nicholas J. Gutierrez, Jr., Esq., Sec.* 4/30/99 (305) 573-0200

CR2E034 (1/98)