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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # V05678 (0)
 1. Corporation Name
CUBAN AMERICAN GOLFERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
96 F ALVAREZ & CO. PA **96 F ALVAREZ & CO. PA**
782 NW 42 AVE. SUITE 545 **782 NW 42 AVE. SUITE 545**
MIAMI FL 33126 **MIAMI FL 33126-5548**

3. Date Incorporated or Qualified **01/10/1992** 3a. Date of Last Report **06/21/1996**
 4. FEI Number **65-0305876** 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

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

9. Name and Address of Current Registered Agent
ALVAREZ, EMILIO
5785 SOUTHWEST 48 STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is 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 _____ DATE _____
 (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
 NAME: **D ALVAREZ, EMILIO A** DELETE
 STREET ADDRESS: **5785 SOUTHWEST 48 STREET**
 CITY, ST, ZIP: **MIAMI FL**
 TITLE: **D** DELETE
 NAME: **CONSUEGRA, ROGELIA JR**
 STREET ADDRESS: **1768 SW 15 STREET**
 CITY, ST, ZIP: **MIAMI FL**
 TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY, ST, ZIP: DELETE
 TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY, ST, ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS: **6615 SW 47 ST**
 2.4 CITY-ST-ZIP: **Miami, FL 33155**
 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, the undersigned, 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 607, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: _____ **3/17/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)