

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000756 (8)

1. Corporation Name

CUBAN BANKING STUDY GROUP, INC.



Principal Place of Business

Mailing Address

**200 S. BISCAYNE BLVD.
STE. 4874
MIAMI FL 33131**

**200 S. BISCAYNE BLVD.
STE. 4874
MIAMI FL 33131**

3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
08/25/1995

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

10. Name and Address of New Registered Agent

**PENINSULA REGISTERED AGENTS INC
200 S. BISCAYNE BLVD.
41ST FLOOR
MIAMI FL 33131**

81 Name
CARLOS J. FERNANDEZ, CPA

82 Street Address (P.O. Box Number is Not Acceptable)
615 HARBOUR CIRCLE

83

84 City
KEY BISCAYNE

FL

85 Zip Code
33149

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 of Carlos J. Fernandez)

CARLOS J. FERNANDEZ, TREASURER

2/5/96

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D GARCIA-VLADES, RAUL ESQ.**
STREET ADDRESS **200 S. BISCAYNE BLV., STE. 4874**
CITY-STATE-ZIP **MIAMI FL 33131**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D VIDAL, FERNANDO CPA**
STREET ADDRESS **200 S. BISCAYNE BLVD. STE. 4874**
CITY-STATE-ZIP **MIAMI FL 33131**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **PD CAPABLANCA, FERNANDO A**
STREET ADDRESS **200 S. BISCAYNE BLVD., STE. 4874**
CITY-STATE-ZIP **MIAMI FL 33131**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **VD GARRIGO, JOSE R**
STREET ADDRESS **200 SE FIRST ST**
CITY-STATE-ZIP **MIAMI FL 33131**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D ARGUELLES, JORGE R**
STREET ADDRESS **200 S. BISCAYNE BLVD., STE. 4874**
CITY-STATE-ZIP **MIAMI FL 33131**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D VALDES-FAULI, GONZALO R**
STREET ADDRESS **200 S. BISCAYNE BLVD. STE. 4874**
CITY-STATE-ZIP **MIAMI FL 33131**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

(Signature of Carlos J. Fernandez)
CARLOS J. FERNANDEZ, TREASURER

2/5/96

305-789-2601

Date

Daytime Phone #

CR2E037 (12/95)