ANNUAL REPORT
1997

Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31 1997 8:00am
Secretary of State

DOCUMENT # N92000000756

1. Corporation Name
CUBAN BANKING STUDY GROUP, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/92
3a. Date of Last Report: 2/13/96
4. FEI Number: 65-0378834 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 200 S. Biscayne Blvd.
Suite, Apt. #, etc.
22 4874
City & State
23 Miami, FL
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 200 S. Biscayne Blvd.
Suite, Apt. #, etc.
27 4874
City & State
28 Miami, FL
Zip 29 33131 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Peninsula Registered Agents, Inc.
200 S. Biscayne Boulevard (#4874)
Miami, Florida 33131

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 Debra Maddux, V.P. of Peninsula Registered Agents, Inc. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	☐ Change ☐ Addition
NAME	Arguelles, Jorge	1.2 NAME	
STREET ADDRESS	200 S. Biscayne Blvd. (4874)	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	1.4 CITY-ST-ZIP	
TITLE	Director	2.1 TITLE	☐ Change ☐ Addition
NAME	Bustillo, Oscar	2.2 NAME	
STREET ADDRESS	200 S. Biscayne Blvd. (4874)	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	2.4 CITY-ST-ZIP	
TITLE	Director/President	3.1 TITLE	☐ Change ☐ Addition
NAME	Capablanca, Fernando A.	3.2 NAME	
STREET ADDRESS	200 S. Biscayne Blvd. (4874)	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	3.4 CITY-ST-ZIP	
TITLE	Director/Vice President	4.1 TITLE	☐ Change ☐ Addition
NAME	Garrigo, Jose R.	4.2 NAME	
STREET ADDRESS	200 S. Biscayne Blvd. (4874)	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	4.4 CITY-ST-ZIP	
TITLE	Director	5.1 TITLE	☐ Change ☐ Addition
NAME	Migoya, Carlos R.	5.2 NAME	
STREET ADDRESS	200 S. Biscayne Blvd. (4874)	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33131	5.4 CITY-ST-ZIP	
TITLE	Director	6.1 TITLE	☐ Change ☐ Addition
NAME	Valdes-Fauli, Gonzalo R.	6.2 NAME	100002128651
STREET ADDRESS	200 S. Biscayne Blvd. (4874)	6.3 STREET ADDRESS	-03/31/97--01098--019
CITY-ST-ZIP	Miami, Fl. 33131	6.4 CITY-ST-ZIP	***61.25

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: 2/19/97 (305) 372-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FERNANDO A. CAPABLANCA, President

NSU 3-31