

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90043 023 ****61.25

DOCUMENT # N92000000756

1. Corporation Name

CUBAN BANKING STUDY GROUP, INC.

Principal Place of Business
701 BRICKELL AVE., #2050
MIAMI FL 33131

Mailing Address
701 BRICKELL AVE., #2050
MIAMI FL 33131



| | | |
|--|---|--|
| 2. Principal Place of Business 615 HARBOR CIRCLE Suite, Apt. #, etc. City & State KEY BISCAYNE, FL Zip 33149 | 2a. Mailing Address 26 SAME 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 USA | 3. Date Incorporated or Qualified 12/11/1992 4. FEI Number 65-0378834 Applied For 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 |
|--|---|--|

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BOULEVARD (#4874)
MIAMI FL 33131

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name CARLOS J. FERNANDEZ, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 615 HARBOR 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--------|
| TITLE | D | DELETE |
| NAME | ARGUELLES, JORGE | |
| STREET ADDRESS | 701 BRICKELL AVE., #2050 | |
| ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | DELETE |
| NAME | BUSTILLO, OSCAR | |
| STREET ADDRESS | 701 BRICKELL AVE., #2050 | |
| ST-ZIP | MIAMI FL 33131 | |
| TITLE | D/P | DELETE |
| NAME | CAPABLANCA, FERNANDO A | |
| STREET ADDRESS | 701 BRICKELL AVE., #2050 | |
| ST-ZIP | MIAMI FL 33131 | |
| TITLE | D/P | DELETE |
| NAME | GARRIGO, JOSE R | |
| STREET ADDRESS | 701 BRICKELL AVE., #2050 | |
| ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | DELETE |
| NAME | CARRILLO-SALAZAR, JORGE | |
| STREET ADDRESS | 701 BRICKELL AVE., #2050 | |
| ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | DELETE |
| NAME | VALDES-FAULI, GONZALO R | |
| STREET ADDRESS | 701 BRICKELL AVE., #2050 | |
| ST-ZIP | MIAMI FL 33131 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | 40 CARLOS J. FERNANDEZ, CPA | |
| 1.3 STREET ADDRESS | 615 HARBOR CIRCLE | |
| 1.4 CITY-ST-ZIP | KEY BISCAYNE, FL 33149 | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | Same as above | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | Same as above | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | Same as above | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | Same as above | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | Same as above | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

I 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; 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/99 305-913-2601

CR2E037 (1/98)