

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90144 034 ****61.25

0028934

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 725287

1. Corporation Name

NATIONAL ASSOCIATION OF AGRONOMIC AND SUGAR ENGINEERS OF CUBA IN EXILE, INC.

Principal Place of Business

6401-D SW 116 CT MIAMI FL. 33173-1735

Mailing Address

C/O RAMON GOMEZ, CPA 782 NW 42 AVE. SUITE 447 MIAMI FL 33126 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/16/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-2439182

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 24 25

28 Zip Country 29 30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUESADA, MIGUEL A. 6401 SW 116 CT MIAMI FL. FL 33173

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 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ABREU, ERNESTINO DELETE STREET ADDRESS 11952 SW 136 PLACE CITY-ST-ZIP MIAMI FL 33186

1.1 TITLE Change Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE T CARRENO, PABLO A DELETE STREET ADDRESS 9321 SW 69TH ST CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE S ALONSO, JUAN DELETE STREET ADDRESS 13986 SW 181 TERR CITY-ST-ZIP MIAMI FL 33177

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE D HERRERA, SILVIO R. DELETE STREET ADDRESS 2540 SW 92ND PLACE CITY-ST-ZIP MIAMI FL 33165

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE D BRAVO, JORGE DELETE STREET ADDRESS 3501 SW 109TH AVE CITY-ST-ZIP MIAMI FL

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE D QUESADA, MIGUEL A DELETE STREET ADDRESS 6401 SW 116TH CT CITY-ST-ZIP MIAMI FL

6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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

04/01/99

Date

Daytime Phone #

CR2E037 (11/98)