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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701842** (7)
1. Corporation Name
THE AMERICAN CHAMBER OF COMMERCE OF CUBA IN THE UNITED STATES, INC.



Principal Place of Business 910 17TH ST. NW STE. 422 WASHINGTON DC 20006		Mailing Address 910 17TH ST. NW STE. 422 WASHINGTON D. 20006 US		3. Date Incorporated or Qualified 12/27/1960	
2. Principal Place of Business 21 910 17th St. NW		2a. Mailing Address 26 910 17th St. NW		4. FEI Number 52-1918680	
Suite, Apt. #, etc. 22 422		Suite, Apt. #, etc. 27 # 422		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Wash DC		City & State 28 Wash DC		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 20006-2601		Country 25 USA		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 29 20006-2601		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARLOS R PORRO 1110 BRICKELL AVE #609 MAIMI FL 33131		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARD BARTHOLOMEW (spelling error) 3655 N GLEBE RD ARLINGTON VA 22207 (no zip)	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD EDWARD L. BARTHOLOMEW 3655 N GLEBE RD. Arlington, VA 22207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TETZELI, FREDERICK E. 336 ROSEDALE RD PRINCETON NJ 08540 (no zip)	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Frederick E. Tetzeli 336 Rosedale Rd Princeton, NJ 08540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRAVIESO-DIAZ, MATIAS F. 2300 N. ST. NW WASHINGTON DC 20037	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TMD LANSDALE, PHOEBE T. 3701 INTERNATIONAL DRIVE #332 SILVER SPRING MD 20906 (no zip)	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TMD Phoebe T. Lansdale 3701 International Drive #332 Silver Spring, MD 20906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS R PORRO 1110 BRICKELL AVE #609 MIAMI FL 33131 (no zip)	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Carlos R. Porro 1110 Brickell Av. #609 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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.

SIGNATURE: Phoebe T. Lansdale, Dir. & Treas. 1/30/98 202-833-3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0877405

CR2E037 (10/97)