

FILE NOW: FILING FEE IS \$61.25

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Apr 14 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 # **725287** (7)

1. Corporation Name

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

Principal Place of Business	Mailing Address
6401-D SW 116 CT MIAMI FL. 33173-1735	C/O RAMON GOMEZ, CPA 782 NW 42 AVE. SUITE 447 MIAMI FL 33126 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	01/16/1973
4. FEI Number	59-2139182 59-2439182
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
QUESADA, MIGUEL A. 6401 SW 116 CT MIAMI FL. FL 33173

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	P	1.1 TITLE	P
NAME	HERRERA, SILVIO R	1.2 NAME	ABREU, ERNESTINO
STREET ADDRESS	2540 SW 92ND PLACE	1.3 STREET ADDRESS	11952 S.W. 136 PLACE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33186
TITLE	T	2.1 TITLE	
NAME	CARRENO, PABLO A	2.2 NAME	
STREET ADDRESS	9321 SW 69TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	GONZALEZ, JOSE R	3.2 NAME	ALONSO, JUAN
STREET ADDRESS	4243 SW 97TH CT	3.3 STREET ADDRESS	13986 S.W. 181 TERRACE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33177
TITLE	D	4.1 TITLE	D
NAME	ALONSO, JUAN	4.2 NAME	HERRERA, SILVIO R.
STREET ADDRESS	11070 SW 70TH TERRACE	4.3 STREET ADDRESS	2540 S.W. 92ND PLACE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33165
TITLE	D	5.1 TITLE	
NAME	BRAVO, JORGE	5.2 NAME	
STREET ADDRESS	3501 SW 109TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	QUESADA, MIGUEL A	6.2 NAME	
STREET ADDRESS	6401 SW 116TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ABREU, ERNESTINO	
1.3 STREET ADDRESS	11952 S.W. 136 PLACE	
1.4 CITY-ST-ZIP	MIAMI, FL. 33186	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALONSO, JUAN	
3.3 STREET ADDRESS	13986 S.W. 181 TERRACE	
3.4 CITY-ST-ZIP	MIAMI, FL. 33177	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HERRERA, SILVIO R.	
4.3 STREET ADDRESS	2540 S.W. 92ND PLACE	
4.4 CITY-ST-ZIP	MIAMI, FL. 33165	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  Treasurer 4/6/98 (305) 596-9546

CR2037 (10/97)