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May 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 # **N30903** (1)

1. Corporation Name

PROVINCIA DE PINAR DEL RIO EN EL EXILIO, CORP.



Principal Place of Business 1781 N.W. 16TH TERRACE C/O JUAN R. GONZALEZ MIAMI FL 33125	Mailing Address PO BOX 35-0815 C/O JUAN R. GONZALEZ MIAMI FL 33135-0815 US
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2. Principal Place of Business 21 Same as above	2a. Mailing Address 26 Same as above
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 02/28/1989	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0268987		
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 type="checkbox"/> No		

5. Name and Address of Current Registered Agent GONZALEZ, JUAN R. 1781 N.W. 16TH TERRACE MIAMI FL 33125	
81 Name	N/A.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME GONZALEZ, BENITO	1.1 TITLE GUSTAVO MATA	1.2 NAME Presidente (chairman)
STREET ADDRESS 11770 SW 182 TERR	CITY-ST-ZIP MIAMI FL	1.3 STREET ADDRESS 13235 SW 104 Ter	1.4 CITY-ST-ZIP Mia FL 33186
TITLE VD	NAME PRUNEDA, LAZARO	2.1 TITLE Vice Presidente.	2.2 NAME JESUS HERRERA
STREET ADDRESS 2155 NW 6 ST 2	CITY-ST-ZIP MIAMI FL	2.3 STREET ADDRESS 455 NE 75 ST	2.4 CITY-ST-ZIP MIAMI FL 33138
TITLE VD	NAME DE LA CRUZ, ATANASIO	3.1 TITLE SR CARLOS R PEREIRA	3.2 NAME Secretaria
STREET ADDRESS 286 E 16TH STREET	CITY-ST-ZIP HIALEAH FL	3.3 STREET ADDRESS 716 W 32 ST	3.4 CITY-ST-ZIP HIA FL 33012
TITLE SD	NAME CABRERA, CARLOS	4.1 TITLE Ing Juan Rivero	4.2 NAME 11310 SW 24 Ter.
STREET ADDRESS 520 NW 17 AVE	CITY-ST-ZIP MIAMI FL	4.3 STREET ADDRESS Miami FL 33165	4.4 CITY-ST-ZIP 5540519
TITLE TD	NAME PEREZ, LUIS	5.1 TITLE TESORERO	5.2 NAME Rolando Fernandez Padron
STREET ADDRESS 2404 SW 137 AVENYUE	CITY-ST-ZIP MIAMI FL	5.3 STREET ADDRESS 505W 58 CT	5.4 CITY-ST-ZIP MIAMI FL 33144
TITLE TD	NAME RUBEN, PAULA	6.1 TITLE MARIA L. ABREU	6.2 NAME Vice TESORERO
STREET ADDRESS 332 NW 34 AVE	CITY-ST-ZIP MIAMI FL	6.3 STREET ADDRESS 3446 SW 14 ST	6.4 CITY-ST-ZIP Miami FL 33145

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: **Carla Perera 305-8226453**

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