

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N 30903

1. Corporation Name

Provincia De Pinar DEL Rio En El Exilio, Corp.

Principal Place of Business

Mailing Address

1781 NW 16th Terrace
Miami, Florida 33125

P.O. BOX 35-0815
MIAMI, FL 33135-0815

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. BOX 35-0815

22 City & State 27 MIAMI, FLORIDA

23 Zip Country 28 33135-0815 U.S.

24 25 29 30

3. Date Incorporated or Qualified

02/28/89

4. FEI Number

65-0268987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

JUAN R. GONZALEZ
1781 NW 16th TERRACE
MIAMI, FLORIDA 33125

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

TITLE PRESIDENT X1 DELETE

NAME MATA, GUSTAVO
STREET ADDRESS 13235 SW 104TH TERRACE
CITY-ST-ZIP MIAMI, FLORIDA 33186

TITLE VICE-PRESIDENT/DIRECTOR X1 DELETE

NAME PRUNEDA, LAZARO
STREET ADDRESS 2155 NW 6TH STREET, #2
CITY-ST-ZIP MIAMI, FLORIDA

TITLE SECRETARY X1 DELETE

NAME PEREIRA, CARLOS R.
STREET ADDRESS 716 W 32nd STREET
CITY-ST-ZIP HIALEAH, FLORIDA 33012

TITLE TREASURER X1 DELETE

NAME PADRON, ROLANDO FERNANDEZ
STREET ADDRESS 50 SW 58TH COURT
CITY-ST-ZIP MIAMI, FLORIDA 33144

TITLE SECRETARY/DIRECTOR XX DELETE

NAME RIVEROL, ING JUAN
STREET ADDRESS 11310 SW 24th TERRACE
CITY-ST-ZIP MIAMI, FLORIDA 33165

TITLE TREASURER/DIRECTOR XX DELETE

NAME RUBEN, PAULA
STREET ADDRESS 332 NW 34th AVENUE
CITY-ST-ZIP MIAMI, FLORIDA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT/DIRECTOR XX Change X Addition

12 NAME ABREU, MARIA L.
13 STREET ADDRESS 3446 SW 14TH STREET
14 CITY-ST-ZIP MIAMI, FLORIDA 33145

21 TITLE VICE-PRESIDENT/DIRECTOR XX Change X Addition

22 NAME HERRERA, JESUS
23 STREET ADDRESS 455 NE 75th STREET
24 CITY-ST-ZIP MIAMI, FLORIDA 33138

31 TITLE SECRETARY/DIRECTOR XX Change X Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE TREASURER/DIRECTOR XX Change X Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

X Change X Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/99

305
5567631

CR2E037 (11/98)