

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48567** (4)
1. Corporation Name
ASOCIACION NACIONAL DE INDUSTRIALES DE CUBA, INC



Principal Place of Business
**150 OCEAN LANE DRIVE
APT. 4E.
KEY BISCAYNE FL 33149**

Mailing Address
**150 OCEAN LANE DRIVE
APT. 4E.
KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified **04/27/1992** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business 150 Ocean Lane Drive	2a. Mailing Address 150 Ocean Lane Drive	4. FEI Number 65-0416423	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc. Apartment 4E	Suite, Apt. #, etc. Apt # 4E	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State Key Biscayne, FL	City & State Key Biscayne FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip 33149	Country U.S.A	29	Zip 33149	Country U.S.A

9. Name and Address of Current Registered Agent

**LOUMIET, JUAN R.
APT 4E
150 OCEAN LANE DR.
KEY BISCAYNE FL 33149**

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

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUMIET, JUAN R.	1.2 NAME	
STREET ADDRESS	150 OCEAN LANE DR. #4E	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, RICARDO T.	2.2 NAME	
STREET ADDRESS	7312 SOUTH OLIVE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORRILLA, RENE	3.2 NAME	
STREET ADDRESS	1585 SW 18TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESTRE, OSCAR LUIS	4.2 NAME	
STREET ADDRESS	P.O. BOX #266 GLADWYNE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSILVANIA 19035	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)