

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

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

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 Country 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/27/1992 3a. Date of Last Report 01/29/1996  
4. FEI Number 65-0416423 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  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. 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 200002317882-7  
-10/10/97-01094-007  
84 City \*\*\*\*\*61.25 FL \*\*\*\*\*61.25

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	DP	DELETE
NAME	LOUMIET, JUAN R.	
STREET ADDRESS	150 OCEAN LANE DR. #4E	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	D	DELETE
NAME	SUAREZ, RICARDO T.	
STREET ADDRESS	7312 SOUTH OLIVE AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DT	DELETE
NAME	ZORRILLA, RENE	
STREET ADDRESS	1585 SW 18TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	DELETE
NAME	MESTRE, OSCAR LUIS	
STREET ADDRESS	P.O. BOX #266 GLADWYNE	
CITY-ST-ZIP	PENSILVANIA 19035	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS	150 Ocean Ln. #4E	
1.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
2.1 TITLE	Change	Addition
2.2 NAME	7312 South Olive Ave.	
2.3 STREET ADDRESS	West Palm Beach	
2.4 CITY-ST-ZIP	33405	
3.1 TITLE	Change	Addition
3.2 NAME	1585 S.W. 18th St.	
3.3 STREET ADDRESS	Miami, Fla.	
3.4 CITY-ST-ZIP	33145	
4.1 TITLE	Change	Addition
4.2 NAME	P.O. Box 266 - N/A	
4.3 STREET ADDRESS	Gladwyne, PA	
4.4 CITY-ST-ZIP	19035	
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

RECEIVED  
RENE ZORRILLA  
305 RT 10135

97 OCT - 6 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (4/97)