

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000384 (9)

1. Corporation Name

PUENTE DE JOVENES PROFESIONALES CUBANOS, INC.



Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DR. SUITE 1600 MIAMI FL 33133 US	2601 SOUTH BAYSHORE DR. SUITE 1600 MIAMI FL 33133-5413 US

3. Date Incorporated or Qualified 11/19/1992	3a. Date of Last Report 09/04/1996
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2. Principal Place of Business 21 701 Brickell Ave. Suite, Apt. #, etc. Ste. 2150 City & State Miami, FL Zip 33131 Country USA	2a. Mailing Address 26 701 Brickell Ave. Suite, Apt. #, etc. Ste. 2150 City & State Miami, FL Zip 33131 Country USA
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4. FEI Number 69-0043070	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GUTIERREZ, JR., NICHOLAS J ESQ.
2601 SOUTH BAYSHORE DR.
SUITE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name Gutierrez Jr, Esq, Nicholas J.
82 Street Address (R.F. Box Number is Not Acceptable) 701 Brickell Ave, Ste. 2150
83 City Miami
84 City Miami FL 85 Zip Code 33131

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: *Nicholas J. Gutierrez Jr, Esq.* Registered Agent DATE: 4/12/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SANCHEZ-ABALLI, JR., RAFAEL J ESQ.	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, JR., NICHOLAS J ESQ.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ERTO A ESQ.	
STREET ADDRESS	401 OCEAN BLVD., SUITE 804	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DR	<input type="checkbox"/> DELETE
NAME	RODOLFO, SORI	
STREET ADDRESS	1322 SW 93RD PLACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BELLO, RAMON REV.	
STREET ADDRESS	845 E. 5TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERTINI, JR., JOSE A	
STREET ADDRESS	426 JEFFERSON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33164	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	701 Brickell Ave. Miami FL 33131
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RODRIGUEZ, ERIC A.
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	600002189016--9
4.3 STREET ADDRESS	-05/22/97--01136--003
4.4 CITY-ST-ZIP	***3456.25 *****61.25
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	701 Brickell Ave., Ste. 2150
6.4 CITY-ST-ZIP	Miami, FL 33131

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Nicholas J. Gutierrez Jr, Esq.* DATE: 4/12/97 (305) 373-1030

CR2E037 (9/96)