

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90167 001 ****70.00

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Corporation Name

ASOCIACION NACIONAL DE MINEROS Y PETROLEROS DE C
UBA, INC.

Principal Place of Business

Mailing Address

SW 123 CT

P.O. BOX 143557

CORAL GABLES FL 33114-3557

33188



Principal Place of Business 2655 LE JEUNE ROAD Suite, Apt. #, etc. 500		2a. Mailing Address P.O. BOX 143557 Suite, Apt. #, etc. 40 A DIAZ-MASVIDAL		3. Date Incorporated or Qualified 02/02/1993	
City & State CORAL GABLES, FLA		City & State CORAL GABLES, FLA		4. FEI Number 65-0405993	
Zip 33134		Zip 33114-3557		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country 25		Country 30 DADE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DIAZ-MASVIDAL, ALBERTO 19 W. FLAGLER STREET 416 MIAMI FL 33130				10. Name and Address of New Registered Agent	
				81 Name DIAZ-MASVIDAL ALBERTO	
				82 Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE ROAD	
				83 SUITE # 500	
				84 City CORAL GABLES FL 85 Zip Code 33134	

1. 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: ALBERTO DIAZ MASVIDAL PRES-AGENT 4/20/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DE LA CAMARA, FRANCISCO	1.1 TITLE PRESIDENT/SEC. D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 630 HAMPTON LANE		1.2 NAME DIAZ-MASVIDAL ALBERTO	
CITY-ST-ZIP KEY BISCAYNE FL		1.3 STREET ADDRESS 11105 S.W. 133 COURT	
TITLE CEO		1.4 CITY-ST-ZIP MIAMI, FLA 33146	
NAME DIAZ-MASVIDAL, ALBERTO		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11105 S.W. 133RD COURT		2.2 NAME	
CITY-ST-ZIP MIAMI FL		2.3 STREET ADDRESS	
TITLE D		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATRINEZ-DE CASTRO, RAYMUNDO		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1780 SW 29TH AVE.		3.2 NAME	
CITY-ST-ZIP MIAMI FL		3.3 STREET ADDRESS	
TITLE DVPO		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYNALDO, ECTORE T		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8270 S.W. 31ST ST.		4.2 NAME	
CITY-ST-ZIP MIAMI FL		4.3 STREET ADDRESS	
TITLE D		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTELLANOS, EDDY		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 730 CORAL WEST		5.2 NAME	
CITY-ST-ZIP CORAL GABLES FL 33134		5.3 STREET ADDRESS	
TITLE VS		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUITTERIEZ, NICHOLAS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1101 BRICKELL AVE, STE 1400		6.2 NAME	
CITY-ST-ZIP MIAMI FL 33131		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

4. 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: ALBERTO DIAZ MASVIDAL 4/20/99 (305) 3845400
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)