


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004646 (6)**

1. Corporation Name

CUBAN-AMERICAN ENDOWMENT FOR THE ARTS, INC.



Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD PENTHOUSE 8 CORAL GABLES FL 33134	2600 DOUGLAS ROAD PENTHOUSE 8 CORAL GABLES FL 33134

3. Date Incorporated or Qualified	10/08/1993
4. FEI Number	65-0476263
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4206 LAGUNA ST.	26 4206 LAGUNA ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 CORAL GABLES, FL.	28 CORAL GABLES, FL.
Zip	Zip
24 33146	29 33146
Country	Country
25	30

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
VICIANA, ENRIQUE 2600 DOUGLAS ROAD PENTHOUSE 8 CORAL GABLES FL 33134	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4206 LAGUNA ST.
83	
84 City	CORAL GABLES FL
85 Zip Code	33146

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	PD
NAME	CALLAVA, TERESA
STREET ADDRESS	130 NW 87 AVE., PH 214
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	AMIGUET, MARIO
STREET ADDRESS	2600 DOUGLAS RD., PH 8
CITY-ST-ZIP	CORAL GABLES FL
TITLE	TD
NAME	VICIANA, ENRIQUE
STREET ADDRESS	2600 DOUGLAS RD, PH 8
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	4206 LAGUNA ST.
2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33146
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4206 LAGUNA ST.
3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33146
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature]

(305) 529-4101

CR2E037 (10/97)