


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004646

1. Corporation Name:
CUBAN-AMERICAN ENDOWMENT FOR THE ARTS, INC.

Principal Place of Business 4206 LAGUNA STREET CORAL GABLES FL 33146 US	Mailing Address 4206 LAGUNA ST. CORAL GABLES FL 33146 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/08/1993
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0476263
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent VICIANA, ENRIQUE 4206 LAGUNA STREET CORAL GABLES FL 33146	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAVA, TERESA	1.2 NAME	
STREET ADDRESS	130 NW 87 AVE., PH 214	1.3 STREET ADDRESS	44 NW 85 CT.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33126
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD AMIGUET, MARIO	2.2 NAME	
STREET ADDRESS	4206 LAGUNA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD VICIANA, ENRIQUE	3.2 NAME	
STREET ADDRESS	4206 LAGUNA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SECRETARY PEDRO MARTINEZ-FRAGA
STREET ADDRESS		4.3 STREET ADDRESS	7300 SW 123 TERR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL. 33156
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TREASURER JUAN T. SANCHEZ
STREET ADDRESS		5.3 STREET ADDRESS	9359 FOUNTAINEBLEAU BLVD (F-404)
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL. 33172
TITLE	NAME	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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 (305) 592-4101
Date Daytime Phone #

CR2E037 (11/98)