


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$236.25).

FILED
Jul 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N94000000300 (3) 1. Corporation Name CUBAN'S AMERICAN PUBLISHER'S ASSOCIATION, INC.		



Principal Place of Business 4730 WEST FLAGLER STREET MIAMI FL 33134	Mailing Address P.O. BOX 441776 MIAMI FL 33144-1776
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5829 SW 8 ST		2a. Mailing Address 26 SAME AS ABOVE		3. Date Incorporated or Qualified 01/21/1994	3a. Date of Last Report 03/08/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0520983	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 MIAMI, FL		27 City & State 28 MIAMI, FL		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
24 Zip 33144	25 Country U.S.A.	29 Zip 33144	30 Country U.S.A.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOPEZ, OVIDIO 5800 SW 19TH ST MIAMI FL 33155				10. Name and Address of New Registered Agent 81 Name OVIDIO LAPEZ (SAME) 82 Street Address (P.O. Box Number is Not Acceptable) 5829 SW 8 ST 83 MIAMI, FL 84 City MIAMI, FL 85 Zip Code 33144	
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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 *[Signature]* DATE **7/18/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, OVIDIO % 5800 SW 19TH ST MIAMI FL 33155	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SAME 5829 SW 8 ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RODRIGUEZ, VICENTE P % 5800 SW 19TH ST MIAMI FL 33155	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SAME 5829 SW 8 ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TORRES DIP, FRANCISCO % 5800 SW 19TH ST MIAMI FL 33155	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SAME 5829 SW 8 ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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.

SIGNATURE *[Signature]* DATE **7/18/97 (3:15 PM)**

CR2E037 (4/97)