

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N 95 00000 2631  
1. Corporation Name

ASOCIACION DE GANADEROS DE CUBA, INC

Principal Place of Business Mailing Address  
6141 S.W. 17th Street 6141 S.W. 17th Street  
Miami, FL 33155 Miami, FL 33155

3. Date Incorporated or Qualified 06/07/95  
3a. Date of Last Report

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

4. FEI Number	Applied For
65-0588216	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
RODRIGUEZ, RODRIGO  
6141 S.W. 17th St.  
Miami, FL 33155

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ricardo R. Sardiña	1.2 NAME	
STREET ADDRESS	9022 S.W. 123 Ct. O 310	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alberto Jorge	2.2 NAME	
STREET ADDRESS	5901 S.W. 86 St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	South Miami, FL 33143	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodrigo Rodriguez	3.2 NAME	
STREET ADDRESS	6141 S.W. 17th St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33155	3.4 CITY-ST-ZIP	200001824187
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	-05/16/96--01028--033 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	***61.25
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ricardo R. Sardiña* 5-15-96 02