

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002631 (8)**

1. Corporation Name

ASOCIACION DE GANADEROS DE CUBA, INC.



Principal Place of Business 6141 SW 17TH STREET MIAMI FL 33155	Mailing Address 6141 SW 17TH STREET MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/07/1995	3a. Date of Last Report 05/15/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0588216	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 29		Zip 30		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

**RODRIGUEZ, RODRIGO
6141 SW 17TH STREET
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
FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D 95-96 <input type="checkbox"/> DELETE	1.1 TITLE	Pres. HENRY ROSE 97-98 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDINA, RICARDO R	1.2 NAME	13920 S.W. 106th St.
STREET ADDRESS	9022 SW 123RD COURT UNIT 0-310	1.3 STREET ADDRESS	MIAMI, FL 33186
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Sec. AGUILERA, LEONARDO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE, ALBERTO	2.2 NAME	11680 CANAL DR.
STREET ADDRESS	5901 SW 86TH STREET	2.3 STREET ADDRESS	MIAMI, FLA 33181
CITY-ST-ZIP	SO. MIAMI FL 33143	2.4 CITY-ST-ZIP	MIAMI, FLA 33181
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Pres. RODRIGUEZ, RODRIGO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RODRIGO	3.2 NAME	6141 S.W. 17th St.
STREET ADDRESS	6141 SW 17TH STREET	3.3 STREET ADDRESS	MIAMI, FL 33155-2126
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	MIAMI, FL 33155-2126
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
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 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 REQUIRED

CR2E037 (4/97)