

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

3. Date Incorporated or Qualified 06/07/1995	3a. Date of Last Report 05/15/1996
4. FEI Number 65-0588216	Applied For <input type="checkbox"/> Not Applicable
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<i>95-96</i>	<input type="checkbox"/> DELETE
NAME	SARDINA, RICARDO R		
STREET ADDRESS	9022 SW 123RD COURT UNIT 0-310		
CITY-ST-ZIP	MIAMI FL 33186		
TITLE	D		<input type="checkbox"/> DELETE
NAME	JORGE, ALBERTO		
STREET ADDRESS	5901 SW 86TH STREET		
CITY-ST-ZIP	SO. MIAMI FL 33143		
TITLE	D		<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, RODRIGO		
STREET ADDRESS	6141 SW 17TH STREET		
CITY-ST-ZIP	MIAMI FL 33155		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Pres.</i>	HENRY ROSE	<i>97-98</i>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	<i>dir.</i>	13920 S.W. 106th St.			
1.3 STREET ADDRESS	MIAMI, FL 33186				
1.4 CITY-ST-ZIP					
2.1 TITLE	<i>Sec.</i>	AGUIRERA, LEONARDO		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	11680 CANAL DR.				
2.3 STREET ADDRESS	MIAMI, FLA 33181				
2.4 CITY-ST-ZIP					
3.1 TITLE	<i>trust</i>	RODRIGUEZ, RODRIGO		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	<i>sure</i>	6141 S.W. 17th St.			
3.3 STREET ADDRESS	MIAMI, FL. 33155-2126				
3.4 CITY-ST-ZIP					
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 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)