


FILE NOW: FILING FEE IS \$61.25

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Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90002 008 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003833

1. Corporation Name

FUNDACION CAMBIO CUBANO, INC.

Principal Place of Business

9600 SOUTHWEST 8TH STREET
ROOM 28A
MIAMI FL 33174

Mailing Address

9600 SOUTHWEST 8TH STREET
ROOM 28A
MIAMI FL 33174



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/10/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0614613
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/>
	29	\$5.00 May Be Added to Fees
	30	

9. Name and Address of Current Registered Agent

FERNANDEZ, ROBERTO
9600 S.W. 8TH ST. #28
2ND FLOOR
MIAMI FL 33174

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

Roberto Fernandez
Signature typed or printed name of registered agent and file if applicable.

ROBERTO FERNANDEZ
(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENOYO, ELOY G	1.2 NAME	
STREET ADDRESS	9600 SOUTHWEST 8TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ROBERTO	2.2 NAME	
STREET ADDRESS	9600 SOUTHWEST 8TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUALLAR, EDDY	3.2 NAME	
STREET ADDRESS	9600 SOUTHWEST 8TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	3.4 CITY-ST-ZIP	
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 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:

Roberto Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 305-220-0909
Date Daytime Phone #

003438

CR2E037 (1/98)