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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001912 (2)**

1. Corporation Name

PRODUCTORES DE AZUCAR DE CUBA, INC.

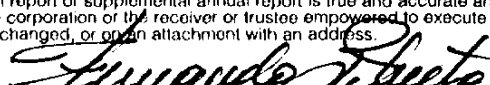


Principal Place of Business 6262 BIRD RD SUITE 3-I MIAMI FL 33155		Mailing Address 6262 BIRD RD SUITE 3-I MIAMI FL 33155		3. Date Incorporated or Qualified 04/09/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 3C 22 City & State 3C 23 Zip 33155 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. 3C 27 City & State 3C 28 Zip 33155 Country USA		4. FEI Number 65-0676545 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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent ZULUETA, IGNACIO G 6262 BIRD RD SUITE 3-I MIAMI FL 33155			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6262 BIRD RD SUITE 3C 83 84 City FL 85 Zip Code 33155					

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	
TITLE	D <input type="checkbox"/> DELETE
NAME	ZUBILLAGA, CARLOS
STREET ADDRESS	351 ALHAMBRA PLACE
CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	D <input type="checkbox"/> DELETE
NAME	LOPEZ-SILVERO, JOSE E
STREET ADDRESS	9682 FOUNTAINBLEAU BLVD SUITE 404
CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> DELETE
NAME	BLANCO, FRANCISCO E
STREET ADDRESS	180 ARAGON AVE 6TH FLOOR
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> DELETE
NAME	GASTON, CARLOS E
STREET ADDRESS	1825 COUNTRY CLUB PARK
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> DELETE
NAME	BLANCO, ALFREDO JR
STREET ADDRESS	16 SEVILLA AVE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> DELETE
NAME	ZULUETA, FERNANDO
STREET ADDRESS	212 SW 20TH RD
CITY-ST-ZIP	MIAMI FL 33129
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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:  **2-11-98** **305-662-2800**

CR2E037 (10/97)