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FILED
May 12 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 # **N96000002496 (5)**

1. Corporation Name

COMITE DE INFORMACION SOBRE CUBA INC.



Principal Place of Business 5442 S.W. 8 ST. CORAL GABLES FL 33134	Mailing Address 5442 S.W. 8 ST. CORAL GABLES FL 33134-2267
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3. Date Incorporated or Qualified 05/06/1996	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 0645
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MIAMI, FL.
Zip 24	Country 25
29 33144	30 USA

4. FEI Number 65-0731692	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOSA, JORGE L 4410 ALTON ROAD MIAMI BEACH FL 33156 33140	
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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
FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JUAN M	1.2 NAME	
STREET ADDRESS	9845 S.W. 87 ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33140	1.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRET, GERMAN J	2.2 NAME	
STREET ADDRESS	8260 SW 91 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, PADRE JOSE L	3.2 NAME	
STREET ADDRESS	3220 NW 9TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANORGA, MARTIN REV	4.2 NAME	
STREET ADDRESS	5442 S.W. 8 ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, RICARDO	5.2 NAME	
STREET ADDRESS	5442 S.W. 8 ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE TORO, LORENZO	6.2 NAME	
STREET ADDRESS	5442 S.W. 8 ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	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: *Gerardo J. Miret* **GERMAN J. MIRET** 4/26/97 (305) 371-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028957

CR2E037 (9/96)