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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 # **N96000006134 (8)**

1. Corporation Name

ASOCIACION CAJAMARQUINA U.S.A., INC.

Principal Place of Business

Mailing Address

**6286 S.W. 11TH STREET
MIAMI FL 33144**

**6286 S.W. 11TH STREET
MIAMI FL 33144-4906**



3. Date Incorporated or Qualified **12/03/1996** 3a. Date of Last Report

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CACERES, FRANK
6286 S.W. 11TH STREET
MIAMI FL 33144**

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARON, WALTER	1.2 NAME	FRANK CACERES, FRANK
CITY-ST-ZIP	801 N. 72 TERRACE HOLLYWOOD FL 33024	1.3 STREET ADDRESS	6286 S.W. 11 ST
		1.4 CITY-ST-ZIP	MIAMI-FL. 33144
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACERES, FRANK	2.2 NAME	BARON, WALTER
STREET ADDRESS	6286 S.W. 11 STREET	2.3 STREET ADDRESS	801 N. 72 TERRACE
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33024
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANFRANCO, FERNANDO	3.2 NAME	URRACA, GLADYS
STREET ADDRESS	10990 S.W. 59 TERRACE	3.3 STREET ADDRESS	16830 S.W. 72 Av.
CITY-ST-ZIP	MIAMI FL 33173	3.4 CITY-ST-ZIP	MIAMI-FL. 33157
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUTISTA, JORGE	4.2 NAME	DIAZ, MERCEDES
STREET ADDRESS	1250 N.E. 211 STREET	4.3 STREET ADDRESS	2955 S.W. 8 STREET
CITY-ST-ZIP	NORTH MIAMI FL 33179	4.4 CITY-ST-ZIP	MIAMI-FL. 33135
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, CARLOS	5.2 NAME	ABANTO, MARIO
STREET ADDRESS	15171 S.W. 128 AVENUE	5.3 STREET ADDRESS	7500 S.W. 95 Av.
CITY-ST-ZIP	MIAMI FL 33186	5.4 CITY-ST-ZIP	MIAMI-FL. 33176
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELLO, JULIO	6.2 NAME	DIAZ, HARCO
STREET ADDRESS	1214 N.E. 182 STREET	6.3 STREET ADDRESS	2955 S.W. 8 STREET
CITY-ST-ZIP	NORTH MIAMI FL 33182	6.4 CITY-ST-ZIP	MIAMI-FL. 33135

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)