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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

434819 - 90221 - 32

DOCUMENT # N96000006134

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

2. Principal Place of Business 21	2a. Mailing Address 26 15171 SW 128 AVE	3. Date Incorporated or Qualified 12/03/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☒ Not Applicable
City & State 23	City & State 28 Miami Florida	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33186 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: RUIZ CARLOS
82 Street Address (P.O. Box Number is Not Acceptable): 15171 SW 128 AV
83:
84 City: Miami FL 85 Zip Code: 33186

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: C. Ruiz — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CACERES, FRANK 6286 S.W. 11 ST. MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD RUIZ, CARLOS 15171 SW 128 AV Miami FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABANTO, UBALDO 9500 S.W. 95 AVE. MIAMI FL 33155	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD RUIZ, NANCY 15171 SW 128 AVE MIAMI FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REYES, BERTHA 1901 S.W. #202 MIAMI FL 33155	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD OSPINA, MARIA 6890 S.W 19 ST MIAMI-FL. 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIAZ, MERCEDES 2955 S.W. 8 ST. MIAMI FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D ABANTO UBALDO 9500 SW 95 AV. MIAMI FLA 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABANTO, MARIO 9500 S.W. 95 AVE. MIAMI FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D CACERES, FRANK 6286 S.W. 11 ST. MIAMI-FL. 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAZ, MARCO 2955 S.W. 8 STREET MIAMI FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D BAUTISTA, JORGE 1250 NE 211 ST N.Miami Beach FL 33179	☒ Change ☐ Addition

CR2E037 (11/98)

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: SIGNATURE REQUIRED — C. Ruiz — (305) 322-6956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #