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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

363956 - 90192 - 25

DOCUMENT # N97000000120

1. Corporation Name
INSTITUTO DE ESTUDIOS CUBANOS, INC.

Principal Place of Business	Mailing Address
1545 BLUE ROAD CORAL GABLES FL 33146	1545 BLUE ROAD CORAL GABLES FL 33146

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/06/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERRERA, MARIA CRISTINA DR 1545 BLUE ROAD CORAL GABLES FL 33146	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 _____ 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	VD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	~~CUETO, EMILIO~~		1.2 NAME	Francisco León Programes Sociales
STREET ADDRESS	4545 CONNECTICUT AVENUE		1.3 STREET ADDRESS	Naciones Unidas/CEPAL-ECLA
CITY-ST-ZIP	~~WASHINGTON DC 20008~~		1.4 CITY-ST-ZIP	Casilla 179-D,Santiago de Chile Chile, S.A. (PRESIDENT)
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~PEREZ, LISANDRO~~		2.2 NAME	Director
STREET ADDRESS	C/O CUBAN RESEARCH INSTITUTE F.I.U.		2.3 STREET ADDRESS	Uva de Aragón, Assistant Director
CITY-ST-ZIP	~~UNIVERSITY PARK, MIAMI FL 33199~~		2.4 CITY-ST-ZIP	~~Cuban Research Institute (CRI)~~
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~DE LA CUESTA, LEONEL~~		3.2 NAME	FIU/University Park
STREET ADDRESS	10625 SW 112TH AVENUE #105		3.3 STREET ADDRESS	Miami, FL 33199 (VICE PRESIDENT)
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP	Director
TITLE	SD	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	~~PEREZ, LUIS J~~		4.2 NAME	Rafael Rojas Gutiérrez
STREET ADDRESS	701 CAMILO AVENUE		4.3 STREET ADDRESS	CIDA/Ciudad de Mexico
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~		4.4 CITY-ST-ZIP	Pestalozzi #851, Colonia del Valle
TITLE	T	☐ DELETE	5.1 TITLE	03020 Mexico D.F. ☑ Change ☐ Addition
NAME	~~DIAZ, CARMEN B~~		5.2 NAME	(VICE PRESIDENT)
STREET ADDRESS	5681 SW 58TH COURT		5.3 STREET ADDRESS	Director
CITY-ST-ZIP	~~MIAMI FL 33143~~		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☑ Change ☐ Addition
NAME	~~PEREZ-STABLE, MARIFELI~~		6.2 NAME	Luis J. Perez, Esq.
STREET ADDRESS	~~79-10 34TH AVE., APT. 6-E~~		6.3 STREET ADDRESS	Akerman, Senterfitt & Eidson, P.A.
CITY-ST-ZIP	~~JACKSON HEIGHTS NY 11372~~		6.4 CITY-ST-ZIP	701 Camilo Coral Gables, FL 33134 (TREASURER)

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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.

Director

SIGNATURE: Luis J. Perez REQUIRED Luis J. Perez 3/30/99 305/374-5600
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #