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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90027 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002920					
1. Corporation Name ACCION-CUBA, INC.					
Principal Place of Business 7175 SOUTH WEST 8TH STREET SUITE 217 MIAMI FL 33144			Mailing Address 7175 SOUTH WEST 8TH STREET SUITE 217 MIAMI FL 33144		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SOLARES, PEDRO L 1210 WEST 64TH TERRACE HALEAH FL 33012				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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					
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	President and Director <input type="checkbox"/> DELETE				
NAME	Pedro L. Solares				
STREET ADDRESS	7175 S.W. 8 street, suite 217				
CITY-ST-ZIP	Miami, FL 33144				
TITLE	Vice-President and Dir. <input type="checkbox"/> DELETE				
NAME	Tomas Rodriguez				
STREET ADDRESS	7175 S.W. 8 street, Suite 217				
CITY-ST-ZIP	Miami, FL 33144				
TITLE	Treasurer and Director <input type="checkbox"/> DELETE				
NAME	Antonio Gordon				
STREET ADDRESS	7175 S.W. 8 street, Suite 217				
CITY-ST-ZIP	Miami, FL 33144				
TITLE	Secretary and Director <input type="checkbox"/> DELETE				
NAME	Evangeline C. Vidana				
STREET ADDRESS	7175 S.W. 8 street, Suite 217				
CITY-ST-ZIP	Miami, FL 33144				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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, with a 1 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(205) 821-4815

Daytime Phone #

CR2E037 (1/98)