


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90047 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000003096

1. Corporation Name
AMERICA-CUBA, INC.

Principal Place of Business
16870 NW 78 PLACE
MIAMI FL 33016
US

Mailing Address
16870 NW 78 PLACE
MIAMI FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/14/1993	
4. FEI Number 22-3229732	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32308	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

10. Name and Address of New Registered Agent	
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 607.0502 and 607.1508, 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 607.0505, 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	CEOP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONT, PEDRO	1.2 NAME	
STREET ADDRESS	18 DWIGHT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06831	1.4 CITY-ST-ZIP	
TITLE	COOP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOYANES, JOSE	2.2 NAME	<i>COOP.</i>
STREET ADDRESS	10565 NW 43RD TERRACE	2.3 STREET ADDRESS	<i>Goyanes Jose</i>
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	<i>16870 N.W. 78 Place</i>
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLALBA, NICOLAS	3.2 NAME	
STREET ADDRESS	68 LA GORCE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE	EVS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGET, MARIANO	4.2 NAME	<i>EVS</i>
STREET ADDRESS	133525 SW 20TH TERRACE	4.3 STREET ADDRESS	<i>FAGET, MARIANO</i>
CITY-ST-ZIP	MIAMI FL 33175	4.4 CITY-ST-ZIP	<i>10056 SW 117th</i>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONT, OSCAR	5.2 NAME	
STREET ADDRESS	AVENIDA EL BOSQUE 128	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ISIDRO, LIMA PERU	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONT, PETER	6.2 NAME	
STREET ADDRESS	401 E 34TH STREET., APT SOUTH 4C	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	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 607, 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: *Jose Goyanes* **President** *2/5/99* **305-591 8373**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)