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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90011 040 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000074477

1. Corporation Name
CONSOLIDATED CUBAN OIL AND GAS RIGHTS CORPORATION

Principal Place of Business 501 BRICKELL KEY DR STE 501 MIAMI FL 33131 US	Mailing Address POB 143557 SUITE 416.. BISCAYNE BLDG. CORAL GABLES FL 33114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2655 LE JEUNE ROAD		2a. Mailing Address 26 P.O. BOX 143557		3. Date incorporated or Qualified 10/11/1994	
Suite, Apt. #, etc. 22 A 500		Suite, Apt. #, etc. 27		4. FEI Number 65-0622197	
City & State 23 CORAL GABLES, FLA		City & State 28 CORAL GABLES, FLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33134		Zip 29 33114		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

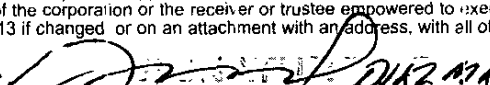
9. Name and Address of Current Registered Agent MASVIDAL, ALBERTO D 11105 SW 133 CT MIAMI FL 33186		10. Name and Address of New Registered Agent 81 Name MASVIDAL ALBERTO D. 82 Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE ROAD 83 SUITE 500 84 City CORAL GABLES FL 85 Zip Code 33134	
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11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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  **DIAZ-MASVIDAL ALBERTO** DATE **4/26/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GUTIERREZ, NICOLAS 501 BRICKELL KEY DR MIAMI FL 33131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT/SECRETARY DIAZ-MASVIDAL ALBERTO 11105 S.W. 133 CT MIAMI, FLA 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DIZ, MASVIDAL A 11105 SW 133 CT MIAMI FL 33186	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	CEO, DIRECTOR DIAZ-MASVIDAL ALBERTO 11105 S.W. 133 CT MIAMI, FLA, 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MASVIDAL, GERTRUDIS 11105 SW 133 CT MIAMI FL 33186	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRICHTON, JACK 10830 N CENTRAL EXPRESS, STE 175 DALLAS TX 35231	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V.S. GUTIERREZ, NICOLAS 501 BRICKELL KEY, SUITE 1460 MIAMI, FLA, 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 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:  **DIAZ-MASVIDAL ALBERTO** DATE **4/26/99** (305) 3555400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0176918

CR2E034 (11/98)