

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V10149 (5)
 1. Corporation Name
THE CUBA NEWSLETTER, INC.



Principal Place of Business 501 BRICKELL KEY DR STE 200 MIAMI FL 33131	Mailing Address 501 BRICKELL KEY DR STE 200 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 501 Brickell Key Drive Suite, Apt. #, etc. 22 Suite 602 City & State 23 Miami, FL Zip 24 33131		2a. Mailing Address 26 501 Brickell Key Drive Suite, Apt. #, etc. 27 Suite 602 City & State 28 Miami, FL Zip 29 33131		3. Date Incorporated or Qualified 01/27/1992	
25 Country USA		30 Country USA		4. FEI Number 65-0310068 Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent NATIONAL REGISTERED AGENTS INC 701 BRICKELL AVE STE 1800 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name NATIONAL REGISTERED AGENTS INC. 82 Street Address (P.O. Box Number is Not Acceptable) 501 Brickell Key Drive 83 Suite 602 84 City Miami, FL 85 Zip Code 33131			

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 _____ DATE **4/15/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	WHISENAND, JAMES D.	1.2 NAME	Whisenand, James D.
STREET ADDRESS	701 BRICKELL AVE STE 1800	1.3 STREET ADDRESS	501 Brickell Key Drive, STE602
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33131
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE _____ DATE **4/15/98**

CR2E034 (10/97)