

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 3:11

DOCUMENT # 752656 (9)

1. Corporation Name  
ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN E  
XILE, INC.

Principal Place of Business Mailing Address  
IN EXILE, INC. IN EXILE, INC.  
115 NW 59 CT. 115 NW 59 CT.  
MIAMI FL 33126 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1980 3a. Date of Last Report 04/25/1994  
4. FEI Number 59-2064384 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CALZADO, YOLANDA SEEMANN  
115 NW 59 CT.  
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CALZADO, YOLANDA SEEMANN
STREET ADDRESS	115 N.W. 59TH COURT
CITY- ST- ZIP	MIAMI FL
TITLE	VPD
NAME	PIZZI, CARMELA
STREET ADDRESS	1211 SW 78 PLACE
CITY- ST- ZIP	MIAMI FL
TITLE	VSD
NAME	OLGA, MESA
STREET ADDRESS	1228 WEST AVE (#1403)
CITY- ST- ZIP	MIAMI BEACH FL
TITLE	SD
NAME	LAFUENTE, MIREYA
STREET ADDRESS	6951 SW 108 AVENUE
CITY- ST- ZIP	MIAMI FL
TITLE	TD
NAME	OJEDA, PERGENTINA
STREET ADDRESS	854 NW 1 ST., #15
CITY- ST- ZIP	MIAMI FL
TITLE	VTD
NAME	ARCE, BERTHA
STREET ADDRESS	4735 SW 4 STREET
CITY- ST- ZIP	MIAMI FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Yolanda S. Calzado Yolanda S. Calzado 2-11-95 (305) 262-0795  
Typed Name and Title of Registered Agent