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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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 33126-4747

3. Date Incorporated or Qualified 05/28/1980	3a. Date of Last Report 03/13/1996
4. FEI Number 59-2064384	Applied For <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <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	28 Country
24 Country	29 Zip
25	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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CALZADO, YOLANDA SEEMANN 115 N.W. 59TH COURT MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD PIZZI, CARMELA 1211 SW 78 PLACE MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD OLGA, MESA 1228 WEST AVE (#1403) MIAMI BEACH FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	VSD SANCHEZ, SONNIA
STREET ADDRESS		3.3 STREET ADDRESS	10699 S.W. 6th St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33174
TITLE	SD LAFUENTE, MIREYA 6951 SW 108 AVENUE MIAMI FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD OJEDA, PERGENTINA 854 NW 1 ST., #15 MIAMI FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	TD PADILLA, MIRIAM
STREET ADDRESS		5.3 STREET ADDRESS	3855 SW 128 AVE.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VTD ARCE, BERTHA 4735 SW 4 STREET MIAMI FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Yolanda Seeman Calzado Yolanda S Calzado 2-97 Ph 362-0795

CR2E037 (9/96)