


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752656 (9)**  
1. Corporation Name  
**ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN EXILE, INC.**



Principal Place of Business <b>IN EXILE, INC. 115 NW 59 CT. MIAMI FL 33126</b>	Mailing Address <b>IN EXILE, INC. 115 NW 59 CT. MIAMI FL 33126</b>
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3. Date Incorporated or Qualified  
**05/28/1980**

4. FEI Number  
**59-2064384**

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 <b>CALZADO, YOLANDA SEEMANN</b>	1.1 TITLE	
NAME	<b>115 N.W. 59TH COURT</b>	1.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD <b>PIZZI, CARMELA</b>	2.1 TITLE	
NAME	<b>1211 SW 78 PLACE</b>	2.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD <b>SANCHEZ, SONNIA</b>	3.1 TITLE	
NAME	<b>10844 S.W. 8TH ST.</b>	3.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD <b>LAFUENTE, MIREYA</b>	4.1 TITLE	
NAME	<b>6951 SW 108 AVENUE</b>	4.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD <b>PADILLA, MARIAM</b>	5.1 TITLE	
NAME	<b>3855 S.W. 128 AVE.</b>	5.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VTD <b>ARCE, BERTHA</b>	6.1 TITLE	
NAME	<b>4735 SW 4 STREET</b>	6.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 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* 04-6-98 305-2620795

CR2E037 (1097)