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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752656

1. Corporation Name

ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN EXILE, INC.

Principal Place of Business

Mailing Address

IN EXILE, INC.
 115 NW 59 CT.
 MIAMI FL 33126

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 115 NW 59 CT.
 MIAMI FL 33126



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/28/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2064384	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALZADO, YOLANDA SEEMANN	1.2 NAME	
STREET ADDRESS	115 N.W. 59TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZI, CARMELA	2.2 NAME	
STREET ADDRESS	1211 SW 78 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, SONNIA	3.2 NAME	VSD
STREET ADDRESS	10644 S.W. 6TH ST.	3.3 STREET ADDRESS	NODA, LOURDES
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	13108 N.W. 10TH LANE
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFUENTE, MIREYA	4.2 NAME	SD
STREET ADDRESS	6951 SW 108 AVENUE	4.3 STREET ADDRESS	SANCHEZ, SONNIA
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	10644 S.W. 6TH ST
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADILLA, MARIAM	5.2 NAME	
STREET ADDRESS	3855 S.W. 128 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCE, BERTHA	6.2 NAME	VTD
STREET ADDRESS	4735 SW 4 STREET	6.3 STREET ADDRESS	PAZOS, MERCEDES
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	6886 S.W. 88 ST. (APP. D-104)

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, with all other like empowered.

SIGNATURE: Yolanda Seemann Calzado 03/26/99 (305) 262-0995
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #