2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#752656

FILED Oct 30, 2007 Secretary of State

Entity Name: ASSOCIATION OF CUBAN HOME ECOONOMICS SCHOOL IN EXILE, INC.

	rincipal Place of Business:	New Principal Place of Business:
P.O. BOX MIAMI, FL		600 SW 89 CT MIAMI, FL 33174
Current M	lailing Address:	New Mailing Address:
PO BOX 6 MIAMI, FL		
In accordan	: 59-2064384 FEI Number Applied For (ce with s. 607.193(2)(b), F.S., the corporation I Address of Current Registered Age	did not receive the prior notice.
VELASCO	, DALIA G 9 COURT	
	named entity submits this statement fo e of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: DALIA G. VELASCO	
	Electronic Signature of Registere	ed Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () Delete VELASCO, DALIA G 600 S.W 89 COURT MIAMI, FL 33174	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPD () Delete CALZADO, YOLANDA 115 NW 59 CT. MIAMI, FL 33126	Title: () Change () Addition Name: Address: City-St-Zip:
	SD () Delete COPON, ACELA	Title: () Change () Addition
Vame: Address:	300 N.W 23 PLACE MIAMI, FL 33125	Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	300 N.W 23 PLACE MIAMI, FL 33125 TD () Delete CAL, LAURA 440 N.W 59 COURT	Address:
Name: Address: City-St-Zip: Title: Name: Address:	300 N.W 23 PLACE MIAMI, FL 33125 TD () Delete CAL, LAURA 440 N.W 59 COURT	Address: City-St-Zip: Title: TD (X) Change () Addition Name: MARCO, EMMA Address: 12770 SW 20 TE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALIA G. VELASCO PD 10/30/2007