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NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844977
1. Corporation Name
CENTRO CARIBEÑO DE ESTUDIOS POSTGRADUADOS, INCORPORADO

Principal Place of Business: **TANCA ST. CORNER LUNA #151 SAN JUAN, P.R. 00904-3711 00901 US**
Mailing Address: **BOX 3711 OLD SAN JUAN STA. SAN JUAN, P.R. 00904-3711 00902 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/10/1990	3/5/97
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		66-0234412	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALBIZU DE RODRIGUEZ, TERESA 8180 N.W. 36TH ST. ST. MIAMI FL 33166				81	Name		
				82	Street Address (P.O. Box Number is Not Applicable)		
				83	400002245754--9 -07/23/97--01128--001 *****61.25 *****61.25		
				84	City		
				85	Zip Code		
				FL			

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P Crespo, Patria C. Dr. <input type="checkbox"/> DELETE	1.1 TITLE	D Cordero-Olivencia, Manuel Ph.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calle Violeta 2010	1.2 NAME	Calle Power # 100
STREET ADDRESS	San Juan, Puerto Rico 00915	1.3 STREET ADDRESS	Ponce, P.R. 00731
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V Cancio, Hiram Esq. <input type="checkbox"/> DELETE	2.1 TITLE	D Garcia-Castro, José Miguel <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calle Gandia #665	2.2 NAME	Calle Austral #635, Urb. Altamira
STREET ADDRESS	Hato Rey, Puerto Rico 00918	2.3 STREET ADDRESS	Río Piedras, Puerto Rico 00927
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S Molina, Arturo, Eng. <input type="checkbox"/> DELETE	3.1 TITLE	D Prevor, Ruth Dr. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calle Violeta 1676	3.2 NAME	Tossa del Mar 1461
STREET ADDRESS	Urb. San Francisco, San Juan P.R.	3.3 STREET ADDRESS	San Juan, Puerto Rico 00907
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T Vázquez, Antonio, Eng. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Villa Caparra Executive	4.2 NAME	
STREET ADDRESS	Penthouse H	4.3 STREET ADDRESS	
CITY-ST-ZIP	Guaynabo, P.R. 00657	4.4 CITY-ST-ZIP	
TITLE	D Alvarez, José A. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gastaña # 3, Urb. San Patricio	5.2 NAME	
STREET ADDRESS	San Juan, Puerto Rico 00922	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D Chardón, Carlos <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calle Poppy B-64	6.2 NAME	
STREET ADDRESS	Parque Forestal, San Juan P.R. 00926	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: *Patria C. Crespo* Patria C. Crespo VI-3-97 (787) 725-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)