


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 12 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
---	---	---

**DOCUMENT # 844977 (9)**

1. Corporation Name  
**CENTRO CARIBENO DE ESTUDIOS POSTGRADUADOS (INCORPORADO)**

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

3. Date Incorporated or Qualified  
**01/10/1980**

4. FEI Number <b>66-0234412</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business 21 <b>151 TANCA ST.</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>SAN JUAN</b>	Suite, Apt. #, etc. 27
City & State 23 <b>PUERTO RICO</b>	City & State 28
Zip 24 <b>00901-3711</b>	Country 25 <b>US</b>
Country 29	Zip 30

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

**ALBIZU DE RODRIGUEZ, TERESA  
8180 NW 36TH ST. ST.  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P CRESPO, PATRIA C DR. CALLE VIOLETA 2010 SAN JUAN PR 00915</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D Cordero-Olivencia, Manuel Ph.D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Calle Power #100 Ponce, PR 00731</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CANCIO, HIRAM, ESQ. CALLE GANDIA #665 HATO REY PR 00918</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Garcia-Castro, Jose Miguel</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Calle Austrial #635, Urb. Altamira Rio Piedras, PR 00927</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MOLINA, ARTURO ENG. CALLE VIOLETA 1676 URB SAN FRANCISCO, SAN JUAN PR</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D Prevor, Ruth Dr.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tossa del Mar 1461 San Juan, PR 00907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T VAZQUEZ, ANTONIO ENG. VILLA CAPARRA EXECUTIVE PENTHOUSE H QUAYNABO PR 00657</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>T. Vazquez, Antonio, Eng.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Calle Poppy B-50 Parque Forestal San Juan, PR 00926</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALVAREZ, JOSE A CASTANA #3 URB SAN PATRICIO SAN JUAN PR 00922</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHARDON, CARLOS CALLE POPPY B-64 PARQUE FORESTAL, SAN JUAN PR 00926</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Patria C. Crespo* **Patria C. Crespo II-4-98 (787) 725-6500**

CR2E037 (10/97)