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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 # 844977

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

Principal Place of Business 151 TANCA ST SAN JUAN PU 00901-711 US	Mailing Address BOX 3711 OLD SAN JUAN STA. SAN JUAN, P.R. 00904-3711 00902 US
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2. Principal Place of Business 21 TANCA ST. Suite, Apt. #, etc. 22 151 City & State 23 SAN JUAN, PR Zip Country 24 00902-3711 25	2a. Mailing Address 26 P.O. BOX 9023711 Suite, Apt. #, etc. 27 City & State 28 SAN JUAN, PR Zip Country 29 00902-3711 30	3. Date Incorporated or Qualified 01/10/1980	4. FEI Number 66-0234412 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 FL 85 Zip Code
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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 *Teresa Albizu-Rodriguez* **Teresa Albizu-Rodriguez** DATE **4/14/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRESPO, PATRIA C DR. CALLE VIOLETA 2010 SAN JUAN PR 00915 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P VAZQUEZ, ANTONIO ENG. CALLE POPPY B-50 PARQUE FORESTAL SAN JUAN, PR 00926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANCIO, HIRAM, ESQ. CALLE GANDIA #665 HATO REY PR 00918 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T GARCIA, JOSE M.D. CALLE AUSTRAL 635 URB. ALTAMIRA SAN JUAN, PR 00927 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOLINA, ARTURO ENG. CALLE VIOLETA 1676 URB SAN FRANCISCO, SAN JUANPR <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D CORDERO, MANUEL Ph.D. P.O. BOX 968 COTO LAUREL, PR 00780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, ANTONIO ENG. CALLE POPPY B-50 PARQUE FORESTAL SAN JUAN PR 00926 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D PREVOR, RUTH Ph.D. TOSSA DEL MAR 1461 CONDADO, PR 00907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, JOSE A CASTANA #3 URB SAN PATRICIO SAN JUAN PR 00922 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	EMERITUS MEMBER CRESPO, PATRIA C DR. CALLE VIOLETAS 2010 SAN JUAN, PR 00915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARDON, CARLOS CALLE POPPY B-64 PARQUE FORESTAL, SAN JUAN PR 00926 <input checked="" 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, with all other like empowered.

SIGNATURE: *[Signature]* **04/13/99** **725-6570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #