SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N17286

(8)

	FILED	
Jul 15	1998 8:00am	8
Secr	etary of State	

NATION	IAL ASSOCIATION OF	F PEDAGOGUE	S OF CUBA, I	NC.						
Principal Pla	ce of Business	Mail	ing Address				- 4 deminer, man dimit demin dimit jedih dili milati d	il <b>e</b> ii vivii vieii		
C/O DR. ROLANDO ESPINOSA CARBALLO C/O DR. R		SW 32ND AVE. DR. ROLANDO ESPI MI FL 33135-1141	R. ROŁANDO ESPINOSA CARBALLO			Date Incorporated or Qualified     10/13/1986     FEI Number				
							NOT APPLICABLE	<u> </u>	Not Applicable	
2. Principal i	28		Mailing Address	dress			5. Certificate of Status Desired	s Desired \$8.75 Additional Fee Required		
Sulte, Apt		27	Sulte, Apt. #, etc.			· · · · · ·	Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
City & Sta	ate	28	City & State				7. Is this nonprofit corporation a homeowned Yes	rs associati No	on?	
Zip	Country 25	29 29	Lip	30 Cot	intry		8. This corporation owes or has paid the cu		ntangible No	
<u></u>	9, Name and Address of		red Agent	Jaul	Τ		Personal Property Tax due June 30.		A) NO	
	A MANUA WIND VIOLENCE (	Julion Noyisto	· vu Agoist		81	Name	10. Name and Address of New Registered	Agent		
CAPPALL	0 BÅLLUDG FORUGGL				0					
	O, <b>ROL</b> ANDO ESPINOSA 32NO AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
MIAMI FL					83					
İ					84	City		85 Zip	Code	
11. Pursuant	to the provisions of sections 6	\$17.0502 and 617.4	EOO Elorido Statutas	. the ebe			FL			
office or r	registered agent, or both, in the familiar with, and accept the	ne State of Florida.	Such change was at	thorized	by th	ne corporation	ion submits this statement for the purpose of chis board of directors. I hereby accept the appoir	anging its re itment as re	gistered gistered	
		ie obligations of, se	Clion o 17.0503, Ploi	ida Statui	les.				[	
SIGNATURE	Signature, typed or printed name of reg	gistered agent and title If ap	plicable. (NC	TE: Register	red Ag	ent signature requir	red when reinstating) DATE			
12.		CERS AND DIRECT	rors	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	PD.		DELETE	1.1 11	TLE			Change	Addition §	
NAME	CARBALLO, ROLANDO E	SPINOS		1.2 N					3	
STREET ADDRESS	I IAE ALL ABILD LINGUIDE			- 1		ADDRESS			{	
CITY-ST-ZIP	MIAMI FL	· · · · · · · · · · · · · · · · · · ·		1.4 CI		-ZIP		<b>—</b>		
NAME	IVD :   Jo <b>r</b> icano, Demetrio F	DEDE7	L DELETE	2.1 11				Change	Addition C	
	904 SW 23 AVENUE	renez		2.2 NA		ADDRESS				
CITY-ST-ZIP	MIAMI FL			2.3 51	REC I	ADDRESS			1	
TITLE	SD			1400	דט פד	710				
NAME			DELETE	2.4 CF 3.1 TF		-ZIP			Addition	
i .	FERRER, ARMINDA MARI	1	DELETE		TLE	-ZIP		Change	Addition	
STREET ADDRESS	FEMRER, ARMINDA MARI 611 N W 35 AVE #1	1	DELETE	3.1 TIT 3.2 NA	TLE	-ZIP ADDRESS		Change	Addition	
CITY-ST-ZIP	611 N W 35 AVE #1 MIAM FL	<b>]</b>		3.1 Tm 3.2 NA 3.3 ST 3.4 Cm	TLE AME REET. TY-ST-	ADDRESS				
CITY-ST-ZIP TITLE	611 N W 35 AVE #1 MIAM FL TD		DELETE DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.1 TIT	TLE AME REET. TY-ST- TLE	ADDRESS		Change		
CITY-ST-ZIP TITLE NAME	611 N W 35 AVE #1 MIAM# FL TD GANCIA, JUANA O.LOPE			3.1 Till 3.2 NA 3.3 ST 3.4 Cl <sup>2</sup> 4.1 Till 4.2 NA	TLE AME REET. TY-ST- TLE AME	ADDRESS -ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS	611 N W 35 AVE #1 MIAM FL TD GARCIA, JUANA O.LOPE 4350 NW 8 TERRACE			3.1 Tri 3.2 NA 3.3 ST 3.4 Cri 4.1 Tri 4.2 NA 4.3 STri	TLE AME REET TY-ST- TLE AME REET	ADDRESS -ZIP ADDRESS				
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	611 N W 35 AVE #1 MIAM FL TD GARCIA, JUANA O.LOPE 4350 NW 8 TERRACE		DELETE	3.1 TII 3.2 NA 3.3 ST 3.4 CII 4.1 TII 4.2 NA 4.3 STI 4.4 CII 5.1 TII 6.2 NA	TLE AME REET, TLE AME REET, TLE TLE TLE TLE TLE AME	ADDRESS -ZIP ADDRESS -ZIP		Change	Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	611 N W 35 AVE #1 MIAM FL TD GARCIA, JUANA O.LOPE 4350 NW 8 TERRACE		DELETE	3.1 Tm 3.2 NA 3.3 ST 3.4 Cl 4.1 Til 4.2 NA 4.3 ST 6.1 Til 6.2 NA 5.3 ST 5.4 Cl	TLE AME REET, TY-ST- TLE AME REET, TY-ST- TLE AME REET, TY-ST-	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		Change	Addition Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	611 N W 35 AVE #1 MIAM FL TD GARCIA, JUANA O.LOPE 4350 NW 8 TERRACE MIAMI FL		DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.1 TIT 4.2 NA 4.3 ST 6.1 TIT 6.2 NA 5.3 ST 6.1 TIT 6.2 NA	TLE AME REET, TY-ST- TLE AME REET, TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE THE THE THE THE THE THE THE THE THE TH	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		Change	Addition Addition	

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