FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

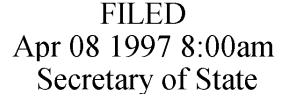
DOCUMENT #

Principal Place of Business

N96000001519 (5)

CENTRO CULTURAL ESPANOL DE COOPERACION IBEROAMER ICANA, INC.

Mailing Address





ONE BISCAYNE TOWER. SUITE 3400 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131-1897			2 S	ONE BISCAYNE TOWER. SUITE 3400 2 SOUTH BISCAYNE BLVD. MIAM! FL 33131-1806										
			edite					3. D	3. Date Incorporated or Qualified 3a. Date of L 03/20/1996				Date of Last	Report
2. Principal P	lace of Busin	05 S		2a. Mailing Address					El Num					Applied For
21				26					65-	718459) 			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5 . C	Certifica	te of Status	Desired			Additional Required
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees		
Zip 24		Country 25 and Address of C	29	Z ip	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
	· <u></u>			10. Name and Address of New Registered Agent										
						B1 N	Vame							
VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, SUITE 3400						82 5	Street /	Address (P.O	D. Box N	Number is N	ot Accept	able)		
2 SQUTH BISCAYNE BLVD.						B3								
MIAMI FI	L 33131-18	97				84 (City				• • • • • • • • • • • • • • • • • • • •	FL	85 Zij	Code
11. Pursuant	to the provisi	ons of Sections 61	7.0502 and 61	7.1508, Florida Statu	tes, the a	bove-n	amed	corporation s	submits	this statem	ent for the	purpose o	ol changing	its registered
office or re agent. I a	registered ag ım familiar wil	ent, or both, in the h, and accept the	obligations of,	a. Such change was Section 617.0503, FI	authorize orida Sta	a by th tules.	e corp	poration's boa	ard of d	irectors. I h	ereby acc	cept the ap	pointment a	s registered
SIGNATURE			_											
····	Signature, typed	or printed name of registe				d Agent s	gnalure	required when rei				DATE		
12.	- B	OFFICER	RS AND DIREC		13.				MOITIDE	NS/CHANGE	S TO OF	ICERS AN		
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NAME		CARLOS	MD #0400		1.2 N			MIGUEL	رز با	BISC	M CHE	Bust	#34	(60)
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				□ vetere			1	DVP	_				P Olympia	☐ Addition
NAME					4.21			Valdes				110.4	^^	
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I do hereby certify that the information surplied 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 supply-mental 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 occupant of the corporation or the face with a property of the corporation of the occupant occupant of the occupant occupan

3/05/97

(305) 376-6000