1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600001519

CENTRO CULTURAL ESPANOL DE COOPERACION IBEROAMER ICANA, INC.

Principal Place of Business ONE BISCAYNE TOWER. SUITE 3400 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131-1897

Mailing Address

ONE BISCAYNE TOWER, SUITE 3400 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131-1897

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90104 042 ****61.25



								_					
2. Principal Place of Business				2a. Mailing Address				3. Date Incorporated or Qualifed					
21			26					03/20/1996	,				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. FEI Number	1	_+	lied For		
22			27					65-0718459			Applicable		
City & State				City & State				5. Certificate of Status Desired			dditional		
23			28	. <u> </u>						ee Rec			
Zip	ip Country Zip				Country			Election Campaign Financing	•	5.00 n			
24 25 29					30			Trust Fund Contribution		Added to Fees			
	9. Name an	d Address of Curre	nt Regis	stered Agent	81	41	Name	10. Name and Address of New Registered	Agent				
					l°'	Ί.	Name						
VALDES-FAULI CORPORATE SERVICES, INC.					82	82 Street Address (P.O. Box Number is Not Acceptable)							
ONE BISC													
2 SOUTH BISCAYNE BLVD.					83								
MIAMI FL 33131-1897					84 City				85	Zip C	ode		
					,		,	F	- 1				
11. Pursuant	to the provision	s of Sections 617.05	02 and 6	17.1508, Florida Statutes	the above	ve-	named co	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	of chang cintment	ing its r as req	egistered istered		
agent. I a	registered agent am familiar with,	and accept the oblig	ations of	, Section 617 0503, Florid	da Statute	s.	ιο σφιροίε	and a section of an outer of the copy assorbs are exp					
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable (NOTE Register						ed Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN				ID DIDECTORS IN 12			
12.	OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS F			Addition		
TITLE	DP DELETE				1 1 THTLE					ange			
NAME	DIAZ-PACHE		1.2 NAME										
STREET ADDRESS			1.3 STREE	ET A	ADDRESS								
CITY-ST-ZIP	MIAMI FL	ml	14 CITY-ST-ZIP						□ Addton				
TITLE	DT	DELETE	2.1 TITLE					nange	Addition				
NAME	MARQUINA,		2 2 NAME										
STREET ADDRESS	RESS 2 SOUTH BISCAYNE BLVD #3400					ET A	ADDRESS						
CITY-ST-ZIP	MIAMI FL					ST-	ZIP				F*** A 1 1111		
TITLE	DVP DELETE						ļ		□ cł	ange	Addition		
NAME	VALDES-FAL				3 2 NAME								
STREET ADDRESS	2 SOUTH BISCAYNE BLVD. #3400				3 3 STREE	ETA	ADDRESS						
CITY-ST-ZIP	MIAMI FL				34 CITY-ST-ZIP								
TITLE	D			DÉLETE	4 1 TITLE					nange	☐ Addition		
NAME	MUNOZ, SAI	ntiago			4 2 NAME	E							
STREET ADDRESS	800 DOUGLAS RD, 170					ET A	ADDRESS						
CITY-ST-ZIP	CORAL GAB	LES FL			4.4 CITY-	ST-	- ZIP						
TITLE				☐ DELETE	5 1 TITLE				☐ C	nange	☐ Addition		
NAME					52 NAME								
STREET ADDRESS	s				5.3 STREE	ET A	ADDRESS						
CITY-ST-ZIP					5 4 CITY-	ST-	-ZIP						
TITLE				☐ DELETE	6 1 TITLE				□ CI	nange	☐ Addition		
NAME					62 NAME	:							
STREET ADDRESS					63 STREE	ET A	ADDRESS						

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Justee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in with an address, with all other like empowered. 14. I hereby certify that the information supplied with the indicated on this annual report or supplierpental annu officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attackmen.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Raul J. Valdes-Fauli

January 19. 1999

(305) 376-6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR