


**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90039 041 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N96000001519</b> 1. Entity Name <b>CENTRO CULTURAL ESPANOL DE COOPERACION          IBEROAMERICANA, INC.</b>	
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**54015660**

Principal Place of Business <b>800 DOUGLAS ROAD          SUITE 170          MIAMI, FL 33134</b>	Mailing Address <b>800 DOUGLAS ROAD          SUITE 170          MIAMI, FL 33134</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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03012004 Chg-NP CR2E037 (10/03)

City & State	City & State
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4. FEI Number <b>65-0718459</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

RJVF CORPORATE SERVICES, INC  
 C/O STEEL, HECTOR & DAVIS, INC  
 200 SOUTH BISCAYNE BLVD SUITE 4000  
 MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DP VALLAURE, JAVIER	<input type="checkbox"/> Delete
STREET ADDRESS	800 DOUGLAS ROAD #170	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	DT LINARES, JULIAN	<input type="checkbox"/> Delete
STREET ADDRESS	800 DOUGLAS ROAD #170	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	DVP VALDES-FAULI, RAUL J	<input type="checkbox"/> Delete
STREET ADDRESS	800 DOUGLAS ROAD #170	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	D BASSO, GUILLERMO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	800 DOUGLAS RD #170	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D MARIA C. DEL VALLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	800 DOUGLAS ROAD #170		
STREET ADDRESS	CORAL GABLES, FL 33134		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **03/05/04** Daytime Phone #: **305 448 9677**