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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005694 (2)**

1. Corporation Name
COLEGIO DE ECONOMISTAS DE CUBA CORP.



Principal Place of Business 1861 S.W. 36 AVE. MIAMI FL 33145 US		Mailing Address 1861 S.W. 36 AVE. MIAMI FL 33145 US		3. Date Incorporated or Qualified 11/04/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 65-0725620 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent JORGE, ANTONIO 311 SW 27TH RD MIAMI FL 33129		10. Name and Address of New Registered Agent 81 Name Ofelia Tabares-Fernandez 82 Street Address (P.O. Box Number is Not Acceptable) 1861 S.W. 36th Ave. 83 84 City Miami FL 85 Zip Code 33145	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 *[Signature]* DATE **05-04-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	
NAME	TABARES-FERNANDEZ, OFELIA	1.2 NAME	
STREET ADDRESS	1861 SW 36TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	CARRILLO, JORGE S	2.2 NAME	
STREET ADDRESS	1105 ALMERIA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	JORGE, ANTONIO	3.2 NAME	
STREET ADDRESS	311 SW 27TH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SHELTON, RAUL	4.2 NAME	
STREET ADDRESS	1010 COUNTRY CLUB PRADO	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	
NAME	PIEDRA, ALBERTO M	5.2 NAME	
STREET ADDRESS	5707 KIRKWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20816	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	
NAME	FREYRE, JORGE	6.2 NAME	
STREET ADDRESS	GPO 287	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JUAN PR 00936	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE **04-10-98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0030260**

CR2E037 (10/97)