

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90133 014 \*\*\*\*61.25

0031494

DOCUMENT # N96000005694

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

65-0725620

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FERNANDEZ, O T  
1861 SW 36TH AVE  
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name JORGE S. CARRILLO  
82 Street Address (P.O. Box Number is Not Acceptable)  
1105 ALMERIA  
83  
84 City CORAL GABLES FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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

Jorge S. Carrillo, JORGE S. CARRILLO, DIRECTOR, VICE-PRESIDENT

DATE

4/11/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME TABARES-FERNANDEZ, OFELIA  
STREET ADDRESS 1861 SW 36TH AVE  
CITY-ST-ZIP MIAMI FL 33145

TITLE DV ☐ DELETE

NAME CARRILLO, JORGE S  
STREET ADDRESS 1105 ALMERIA AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DP ☐ DELETE

NAME JORGE, ANTONIO  
STREET ADDRESS 311 SW 27TH RD  
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☐ DELETE

NAME SHELTON, RAUL  
STREET ADDRESS 1010 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DV ☐ DELETE

NAME PIEDRA, ALBERTO M  
STREET ADDRESS 5707 KIRKWOOD DR  
CITY-ST-ZIP BETHESDA MD 20816

TITLE DT ☐ DELETE

NAME FREYRE, JORGE  
STREET ADDRESS GPO 287  
CITY-ST-ZIP SAN JUAN PR 00936

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

Jorge S. Carrillo, JORGE S. CARRILLO

Date

4/11/99 305-443-0453

Daytime Phone #

CRZE037 (11/98)