

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752656

**FILED**  
**Feb 25, 2013**  
**Secretary of State**  
**CC6799552755**

**Entity Name:** ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN EXILE, INC.

**Current Principal Place of Business:**

1085 SW 135 PL  
MIAMI, FL 33184

**Current Mailing Address:**

PO BOX 442904  
MIAMI, FL 33144

**FEI Number: 59-2064384**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GARRIDO, LAURA D  
6266 SW 39 TERRACE  
MIAMI, FL 33155 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name VASALLO, LUCIA P  
Address 1581 BRICKELL AVE #808  
City-State-Zip: MIAMI FL 33129

Title VPD  
Name RAMOS, MARIA L. N  
Address 13108 N.W. 10 LANE  
City-State-Zip: MIAMI FL 33182

Title SD  
Name AVILA, AIDA R. L  
Address 1085 SW 135 PLACE  
City-State-Zip: MIAMI FL 33184

Title TD  
Name GARRIDO, LAURA D  
Address 6266 SW 39 TERRACE  
City-State-Zip: MIAMI FL 33155

Title VSD  
Name LUIS, MARIA A  
Address 480 SW 88 PL EAST  
City-State-Zip: MIAMI FL 33174

Title VTD  
Name LOPEZ, LAURA C  
Address 440 NW 59 COURT  
City-State-Zip: MIAMI FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LUCIA P. VASALLO**

**PD**

**02/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date