FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:12

DOCUMENT # 732548 (3)

1. Corporation Name

CUBAN EXILES ASSOCIATION OF PROFESSORS AND GRADU ATES OF VOCATIONAL SCHOOLS, INC.

Principal Place of Business	Mailing Address
P O BOX 654052 MIAMI FL 33265	P O BOX 654052 MIAMI FL 33265

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1975
3a. Date of Last Report: 03/29/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ENCINOSA, PEDRO B.
2252 S.W. 105TH COURT
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GONZALEZ, GERRARDO	1.2 NAME	GONZALEZ, EVARISTO	
STREET ADDRESS	5270 SW 3RD STREET	1.3 STREET ADDRESS	351 Tamiami Blvd	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33144	
TITLE	VPS	2.1 TITLE	VPS	☒ Change ☐ Addition
NAME	NORNIELLA, RAMON	2.2 NAME	GONZALEZ, GERARDO	
STREET ADDRESS	1018 NW 2ND ST. #5	2.3 STREET ADDRESS	5270 SW 3rd Street	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33234	
TITLE	SD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	ROJAS, MANUEL	3.2 NAME	ROJAS, MANUEL	
STREET ADDRESS	1395 W. 41 ST., #1	3.3 STREET ADDRESS	1395 W 41 Street # 1	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	VSD	4.1 TITLE	VSD	☐ Change ☐ Addition
NAME	DOMINGUEZ, GEORGINA	4.2 NAME	DOMINGUEZ, GEORGINA	
STREET ADDRESS	13260 SW 17TH LANE, #3	4.3 STREET ADDRESS	13260 SW 17th Lane # 3	
CITY-ST-ZIP	MAIMI FL	4.4 CITY-ST-ZIP	Miami, FL 33175	
TITLE	TD	5.1 TITLE	TD	☐ Change ☐ Addition
NAME	ARZA, HUGO	5.2 NAME	ARZA, HUGO	
STREET ADDRESS	12800 SW 47TH ST.	5.3 STREET ADDRESS	12800 SW 47th Street	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33175	
TITLE	VTD	6.1 TITLE	VTD	☒ Change ☐ Addition
NAME	DEL AMO, JUAN	6.2 NAME	NORNIELLA, RAMON	
STREET ADDRESS	6969 COLLINS AVE., #1403	6.3 STREET ADDRESS	1018 NW 2nd Street # 5	
CITY-ST-ZIP	MIAMI BCH FL	6.4 CITY-ST-ZIP	Miami, FL 33128	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: M. Rojas 1-24-95 821-6058
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

MANUEL ROJAS

0073010