

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 732548 (3)**  
1. Corporation Name

**CUBAN EXILES ASSOCIATION OF PROFESSORS AND GRADUATES OF VOCATIONAL SCHOOLS, INC.**



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

3. Date Incorporated or Qualified **04/22/1975** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **HUGO ARZA**  
82 Street Address: (P.O. Box Number is Not Acceptable)  
83 **12800 S.W. 47TH STREET**  
84 City **Miami** FL 85 Zip Code **33175**

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 **HUGO ARZA EVARISTO GONZALEZ** *Evaristo Gonzalez* **2-1-96**  
Signature typed or printed name of registered agent and title of officer (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, EVARISTO</b>	1.2 NAME	
STREET ADDRESS	<b>3561 TAMiami BLVD.</b>	1.3 STREET ADDRESS	<b>351 TAMiami BLVD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>CORRECTION</b>
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, GERARDO</b>	2.2 NAME	
STREET ADDRESS	<b>5270 SW 3RD STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROJAS, MANUEL</b>	3.2 NAME	<b>JOSE URDA</b>
STREET ADDRESS	<b>1395 W 41 STREET #1</b>	3.3 STREET ADDRESS	<b>633 So. ROYAL Poinciana BLVD APT. 103</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMINGUEZ, GEORGINA</b>	4.2 NAME	
STREET ADDRESS	<b>13260 SW 17TH LANE #3</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARZA, HUGO</b>	5.2 NAME	
STREET ADDRESS	<b>12800 SW 47TH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORNIELLA, RAMON</b>	6.2 NAME	
STREET ADDRESS	<b>1018 NW 2ND STREET #5</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	

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)(k), 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: *Evaristo Gonzalez* **EVARISTO O. GONZALEZ** **2-1-96** **(305) 693-2400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)