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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	732548
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CUBAN EXILES ASSOCIATION OF PROFESSORS AND GRADU ATES OF VOCATIONAL SCHOOLS, INC.

Principal Place	of Business	Mailing Address			
P O BOX 654052 P O BOX 654052					
MIAMI FL 3326	65	MIAMI FL 33265			
				3. Date Incorporated or Qualified 04/22/1975	3a. Date of Last Report 01/30/1995
. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
]		26		NOT APPLICABLE	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			ree Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
<u> </u>		28	Country	Trust Fund Contribution	
- Ζιρ 1	Country	Zφ	Country 30	This corporation has liability for Florida Statutes	∏ Yes X No
24 25 25 26 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28		29 ant Registered Agent		10. Name and Address of New F	
	g. Italie and Address of Carrot	tt ttogististes rige	81 Name	11.16. 0020	
CHONO	A DEDGO D			HUGO ARえA Idress (P.O. Box Number is Not Acceptat	N/o)
	SA, PEDRO B.		82 Street Ad	ichess (P.O. Box number is not Acceptat	ле <i>)</i>
	V. 105TH COURT		83 10 0	00 S.W. 47TH STRI	cr-
miami fl	. 33105		L	00 S.W. 47 SAM	
			84 City M	<i>fani</i>	FL 85 Zip Code 33175
1 Dure part t	to the grovisions of Sections 617.050	2 and 617 1508. Florida Statu	too the shove parried core	poration submits this statement for the pu	roose of changing its registered offi
or register	ad agent, or both, in the State of Flor	ida. Such change was author	120d by the corporation 5 bt	parel of directors. I hereby accept the app	ointment as registered agent. I am
familiar wi	th, and accept the obligations of, Sec			Frank land	2-1-96
		たいねないろ10 (タ	MOPIEZ &	Water to the contract of the c	
SIGNATURE .		Care Other if at this atom	VOTE Registered Agent signature requ	ured when renstating!	DATE
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2.	Signature, typed or printed hanne of registere Layer OFFICERS AN	Tand the d'appleace of ND DIRECTORS	VOTE: Registered Agent signature requ		
2.	Signature typed or printed name of registered age: OFFICERS AN	ntand the if application of ND DIRECTORS	vOTE Registered Agent sagnature requ 13.	ADDITIONS CHANGES TO OF	
2. ILE AME	Signature typed or printed name of registered ages OFFICERS AN PD GONZALEZ, EVARISTO	ntand the if application of ND DIRECTORS	13.	ADDITIONS CHANGES TO OF	☐ Change ☐ Addition
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