

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732548 (3) 4/22/1975.

1. Corporation Name
CUBAN EXILES ASSOCIATION OF PROFESSORS AND GRADUATES OF VOCATIONAL SCHOOLS, INC.



Principal Place of Business P O BOX 654052 MIAMI FL 33265	Mailing Address P O BOX 654052 MIAMI FL 33265-4052
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3. Date Incorporated or Qualified 04/22/1975		3a. Date of Last Report 02/14/1996	
2. Principal Place of Business 21 P.O. Box 654052 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 654052 Suite, Apt. #, etc.	
22 City & State 23 MIA FL		27 City & State 28 MIA FL	
24 Zip 33265 25 Country DADE		29 Zip 33265 30 Country DADE	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HUGO, ARZA 12800 SW 47 TH ST MIAMI FL 33175				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code		FL	

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* T.O. DATE: **1-28/97**

Signature. Print or print 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, EVARISTO	1.2 NAME	
STREET ADDRESS	351 TAMiami BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, GERARDO	2.2 NAME	
STREET ADDRESS	5270 SW 3RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URDA, JOSE	3.2 NAME	
STREET ADDRESS	633 S ROYAL POINCIANA BLVD APT 103	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, GEORGINA	4.2 NAME	
STREET ADDRESS	13260 SW 17TH LANE #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARZA, HUGO	5.2 NAME	
STREET ADDRESS	12800 SW 47TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VTD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORNIELLA, RAMON	6.2 NAME	
STREET ADDRESS	1018 NW 2ND STREET #5	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Hugo Arza* HUGO ARZA T.O. DATE: **1-28/97** 1-305-2230228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034140

CR2E037 (9/96)