


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 16 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
 PO BOX 654052 MIAMI FL 33265 US  
 PO BOX 654052 MIAMI FL 33265 US

3. Date Incorporated or Qualified  
 04/22/1975  
 4. FEI Number NOT APPLICABLE Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 PO BOX 654052  
 22 City & State 27 MIA FL  
 23 Zip 24 Country 25 28 29 30  
 24 33265 25 28 29 30 MINORCA

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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 HUGO ARZA  
 82 Street Address (P.O. Box Number is Not Acceptable) 12800 S.W. 47 ST.  
 83  
 84 City MIA, FL 85 Zip Code FL 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* DATE 7-7-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, EVARISTO	
STREET ADDRESS	351 TAMiami BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GONZALEZ, GERARDO	
STREET ADDRESS	5270 SW 3RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	URDA, JOSE	
STREET ADDRESS	633 S ROYAL POINCIANA BLVD APT 103	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, GEORGINA	
STREET ADDRESS	13280 SW 17TH LANE #3	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARZA, HUGO	
STREET ADDRESS	12800 SW 47TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTO	<input type="checkbox"/> DELETE
NAME	NORNIELLA, RAMON	
STREET ADDRESS	1018 NW 2ND STREET #5	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GONZALEZ EVARISTO	
1.3 STREET ADDRESS	4351 S.W. 14 ST.	
1.4 CITY-ST-ZIP	MIA, FL 33134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 7/7/98 DAYTIME PHONE # 305-223-0329

CR2E037 (5/98)