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Mar 04, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 732548

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

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| Principal Place of Business PO BOX 654052 MIAMI FL 33265 US | Mailing Address P. O. BOX 654052 MIAMI FL 33265 US |
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| 2. Principal Place of Business 21 P.O. Box 126575 Hialeah, FL 33012-1609 Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 126575 Hialeah, FL 33012-1609 Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 04/22/1975 |
| 22 City & State 23 Hialeah, Florida | 27 City & State 28 Hialeah, Florida | 4. FEI Number NOT APPLICABLE |
| 24 Zip 33012-1609 Country 25 USA | 29 Zip 33012-1609 Country 30 USA | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent ARZA, HUGO 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 |
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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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP | PD GONZALEZ, EVARISTO 4351 SW 14TH ST MIAMI FL 33134 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD MELQUIADES TORRES 581 SW 44th Place Miami, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS GONZALEZ, GERARDO 5270 SW 3RD STREET MIAMI FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VPS RAMON NORNIELLA 1018 NW 2nd Street # 5 Miami, FL 33128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD URDA, JOSE 633 S ROYAL POINCIANA BLVD APT 103 MIAMI SPRINGS FL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | SD EDEL MARRERO 4345 W 12th Lane # A Hialeah, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD DOMINGUEZ, GEORGINA 13260 SW 17TH LANE #3 MIAMI FL <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ARZA, HUGO 12800 SW 47TH STREET MIAMI FL <input checked="" type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | TD MANUEL ROJAS 1395 W 41 Street # 1 Hialeah, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD NORNIELLA, RAMON 1018 NW 2ND STREET #5 MIAMI FL <input checked="" type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | VTD JUSTO CASTRO P.O. Box 3235 Hialeah, FL 33013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Manuel Rojas* 2-01-99 305-821-6058
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #

CR2E037 (1/198)