FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:41

DOCUMENT # **766229** **(9)**

1. Corporation Name

LICEO DE PUNTA BRAVA EN EL EXILIO, INC.

Principal Place of Business	Mailing Address
1344 N.W. 6TH ST APT #4 MIAMI FL 33125	1344 N.W. 6TH ST APT #4 MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1982	3a. Date of Last Report: 07/14/1994
4. FEI Number: NOT APPLICABLE	Applied For ☐ Not Applicable ☐
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DE LA CRUZ, RENE V REV
465 W 15 ST
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: Felipe Alonso
82 Street Address (P.O. Box Number is Not Acceptable): 2599 N.W 13 ST #1
83
84 City: Miami FL 85 Zip Code: 33125

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: x Felipe Alonso
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DE LA CRUZ, RENE REV	12 NAME	Felipe Alonso	
STREET ADDRESS	465 W 15 ST	13 STREET ADDRESS	2599 N.W 13 ST #1	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	Miami FL 33125	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	VALDES, RAMON	22 NAME	Luis Gonzalez	
STREET ADDRESS	6437 W FLAGLER ST APT #3	23 STREET ADDRESS	13287 S.W 39 ST	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami FL 33175	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	ARGUELLES, CARMEN	32 NAME		
STREET ADDRESS	1344 NW 6 ST #4	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	JACOBO, ARMANDO	42 NAME		
STREET ADDRESS	1655 W 56 ST B 111	43 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	VALDES, LIDIA	52 NAME		
STREET ADDRESS	6437 W FLAGLER ST APT #3	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	Jose Valdes	
STREET ADDRESS		63 STREET ADDRESS	1830 N.W 16 ST	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami FL 33183	

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)(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: x Felipe Alonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040038