

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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<br>APT #4<br>MIAMI FL 33125 | 1344 N.W. 6TH ST<br>APT #4<br>MIAMI FL 33125 |

|                                   |                |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | 12/21/1982     |
| 4. FEI Number                     | NOT APPLICABLE |
| Applied For                       | Not Applicable |

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

|                                                                                                     |                                                          |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 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     |
| 7. Is this nonprofit corporation a homeowners association?                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                  |  |
|------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                  |  |
| ALONSO, FELIPE<br>2599 N.W. 13TH ST<br>SUITE 1<br>MIAMI FL 33125 |  |

|                                                       |                |
|-------------------------------------------------------|----------------|
| 10. Name and Address of New Registered Agent          |                |
| 81 Name                                               |                |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                |
| 83                                                    |                |
| 84 City                                               | FL 85 Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | V                        | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALONSO, FELIPE           | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2599 N.W. 13TH ST., #1   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL                 | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VTD                      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CORREA, JUAN             | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1002 W 24 ST             | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | HIALEAH FL               | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | PD                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ARGUELLES, CARMEN        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1344 NW 6 ST #4          | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL                 | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | SD                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JACOBO, ARMANDO          | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1855 W 58 ST B 111       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | HIALEAH FL               | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | TD                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VALDES, LIDIA            | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6437 W FLAGLER ST APT #3 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI BEACH FL           | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VTD                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VALDES, JOSE             | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1830 N.W. 16TH ST        | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL                 | 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: *[Signature]* 3/23/98 305-547-2519

CF2E037 (10/97)