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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766229**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/21/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ALONSO, FELIPE
2599 N.W. 13TH ST
SUITE 1
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 _____ 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	V	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACOBO, ARMANDO		4.2 NAME		
STREET ADDRESS	1655 W 56 ST B 111		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	☐ DELETE	6.1 TITLE		☐ Change ☐ 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		

CR2E037 (11/98)

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: Carlos Vignier SIGNATURE REQUIRED 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #