FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N21292** **(0)**

1. Corporation Name

COLEGIO NACIONAL DE BIBLIOTECARIOS CUBANOS EN EL EXILIO, INC.

Principal Place of Business	Mailing Address
% DOLORES F. ROVIROSA 1809 BRICKELL AVE., #1012 MIAMI FL 33129	% DOLORES F. ROVIROSA 1809 BRICKELL AVE., #1012 MIAMI FL 33129

3. Date Incorporated or Qualified: 06/07/1987
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business
21 SAME
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2843302 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROVIROSA, DOLORES F.
1809 BRICKELL AVE., #1012
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: Dolores Rovirosa
82 Street Address (P.O. Box Number is Not Acceptable): 1809 Brickell Ave. No. 1012
83 Miami, Fl. 33129
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: Dolores Rovirosa VD Vice Director 2|6|1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARBONELL, AMPARO D. 7615 SW 21 ST. MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD PEREZ, LUISA P.O. Box 144911 Coral Gables, Fl. 33114	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VARONA, LESBIA O. 4426 SW 129 PLACE MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD FERNANDEZ, ALICIA 3561 SW 1 St. Miami, Fl. 33145	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROVIROSA, DOLORES 1809 BRICKELL AVE. NO. 1012 MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD ROVIROSA, DOLORES 1809 Brickell Ave. No. 1012 Miami, Fl. 33129	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PEREZ, LUISA 5249 NW 7 ST., APT. 313 MIAMI FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD GOMEZ CARBONELL, AMPARO 7615 SW 21 St. Miami, Fl. 33155	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FERNANDEZ, ALICIA 3561 SW 1 AVE MIAMI FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	CD SANCHIS, EVIDIA 7600 SW 19 St. Miami, Fl. 33155	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	TD MENENDEZ, MA. DE LOS ANGELES 301 Madeira Ave., No. 4-B Miami, Fl. 33134	☐ Change XX Addition

CR2E037 (12/95)

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)(k), 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: Dolores Rovirosa 2|6|1996 (305)856-5190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOLORES ROVIROSA