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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33129-1615

3. Date Incorporated or Qualified: 06/07/1987
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / 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
1809 BRICKELL AVE, #1012
MIAMI FL 33129

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 Dolores Rovirosa (President) 1/15/97
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	PD	☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~PEREZ, LUISA~~		1.2 NAME	Dolores Rovirosa
STREET ADDRESS	~~PO BOX 144911~~		1.3 STREET ADDRESS	1809 Brickell Avenue, Apt. 1012
CITY-ST-ZIP	~~CORAL GABLES FL~~		1.4 CITY-ST-ZIP	Miami, Fl. 33129
TITLE	VD	☐ DELETE	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	FERNANDEZ, ALICIA		2.2 NAME	Fernández, Alicia
STREET ADDRESS	3561 SW 1SY ST		2.3 STREET ADDRESS	3561 SW 1st St.
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl.33145
TITLE	VD	☒ DELETE	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	~~ROVIROSA, DOLORES~~		3.2 NAME	Perez, Luisa
STREET ADDRESS	~~1809 BRICKELL AVE, #1012~~		3.3 STREET ADDRESS	5249 NW 7 St., Apt. 313
CITY-ST-ZIP	~~MIAMI FL~~		3.4 CITY-ST-ZIP	Miami, Fl. 33126
TITLE	SD	☐ DELETE	4.1 TITLE	SD ☐ Change ☐ Addition
NAME	GOMEZ CARBONELL, AMPARO		4.2 NAME	Gómez Carbonell, Amparo
STREET ADDRESS	7615 SW 21ST ST		4.3 STREET ADDRESS	7615 SW 21 St.
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, Fl. 33155
TITLE	CD	☐ DELETE	5.1 TITLE	CD ☐ Change ☐ Addition
NAME	SANCHIS, EVIDIA		5.2 NAME	Sanchis, Evidia
STREET ADDRESS	7600 SW 19TH ST		5.3 STREET ADDRESS	7600 SW 19 St.
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, Fl.33155
TITLE	TD	☐ DELETE	6.1 TITLE	TD ☐ Change ☐ Addition
NAME	MENENDEZ, MA DE LOS ANGE		6.2 NAME	Menéndez, Ma. de los Angeles
STREET ADDRESS	301 MADEIRA AVE, #4-B		6.3 STREET ADDRESS	463 SW 87 Place
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, Fl. 33174

CR2E037 (9/96)

14. I do 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 [illegible] 1/15/97 [illegible]