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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N21292

1. Corporation Name

**COLEGIO NACIONAL DE BIBLIOTECARIOS CUBANOS EN EL
EXILIO, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/07/1987

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

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, Treasurer

2/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME ROVIROSA, DOLORES
STREET ADDRESS 1809 BRICKELL AVE., APT-1012
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE
NAME FERNANDEZ, ADICIA
STREET ADDRESS 3561 SW 1ST ST
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ DELETE
NAME LUISA, PEREZ
STREET ADDRESS 5249 NW 7 ST., APT 313
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE
NAME GOMEZ-CARBONELL, AMPARO
STREET ADDRESS 7615 SW 21ST ST
CITY-ST-ZIP MIAMI FL

TITLE CD ☒ DELETE
NAME SANCHIS, EVIDIA
STREET ADDRESS 7600 SW 19TH ST
CITY-ST-ZIP MIAMI FL

TITLE TD ☒ DELETE
NAME MENEDEZ, MA. DE LOS ANG
STREET ADDRESS 463 SW 87 PLACE
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Isabel Caballero
1.3 STREET ADDRESS 618 SW 87 Pl
1.4 CITY-ST-ZIP Miami, Fla. 33174

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Christina Rivera
2.3 STREET ADDRESS 1309 Sorolla
2.4 CITY-ST-ZIP Coral Gables, Fla. 33124

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Josefina H. Rodríguez
3.3 STREET ADDRESS 3844 SW 107 Ave.
3.4 CITY-ST-ZIP Miami, Fla. 33126

4.1 TITLE CD ☐ Change ☒ Addition
4.2 NAME Amparo Gómez Carbonell
4.3 STREET ADDRESS 7615 SW 21 St.
4.4 CITY-ST-ZIP Miami, Fla. 33155

5.1 TITLE TD ☐ Change ☒ Addition
5.2 NAME Dolores Rovirosa
5.3 STREET ADDRESS 1809 Brickell Ave., Apt. 1012
5.4 CITY-ST-ZIP Miami, Fla. 33129

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Dolores Rovirosa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/99 (305) 856-5190

Date

Daytime Phone #

CR2E037 (11/98)