FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 16 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29862 (2)

1. Corporation Name

ASOCIACION ANTIGUOS ALUMNOS Y EMPLEADOS DEL INSTITUTO CIVICO MILITAR Y ESCUELAS POLITECNICAS, IN

Principal Place of Business	Mailing Address
%JUVENAL E. BLANCO 2616 SW 34 AVE. MIAMI FL 33133	%JUVENAL E. BLANCO 2616 SW 34 AVE. MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1988
3a. Date of Last Report: 06/28/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BLANCO, JUVENAL E.
2616 SW 34 AVE.
MIAMI FL 33133

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 02-10-95
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	D
NAME	BLANCO, JUVENAL E.
STREET ADDRESS	2616 SW 34 AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	CASTRO, ENRIQUE
STREET ADDRESS	1815 FAIRHAVEN PL.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ALVAREZ, ELVIRA
STREET ADDRESS	3250 NW 99TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	CHAO, MARIA T.
STREET ADDRESS	11760 SW 25 TERRA
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	PLUG, MARIA DEL C.
STREET ADDRESS	7060 W. 16 AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	DIZA, MANUEL
STREET ADDRESS	10341 SW 50 ST.
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Tis. 2/16/95	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	400001405804	
4.4 CITY-ST-ZIP	-02/20/95--01025--002	
	*****61.25	*****61.25
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ (Director) 02-10-95 (561) 443-0157
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

Juvenal E. Blanco

0041441