


FILE NOW: FILING FEE IS \$61.25

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Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N29862</b> (2) 1. Corporation Name <b>ASOCIACION ANTIGUOS ALUMNOS Y EMPLEADOS DEL INST TUTO CIVICO MILITAR Y ESCUELAS POLITECNICAS, IN</b>			
Principal Place of Business <b>%JUVENAL E. BLANCO 2616 SW 34 AVE. MIAMI FL 33133</b>		Mailing Address <b>%JUVENAL E. BLANCO 2616 SW 34 AVE. MIAMI FL 33133</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>BLANCO, JUVENAL E. 2616 SW 34 AVE. MIAMI FL 33133</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>[Signature]</i> DATE <b>1-3-1998</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP D BLANCO, JUVENAL E 2616 SW 34 AVE. MIAMI FL D CASTRO, ENRIQUE 1815 FAIRHAVEN PL. MIAMI FL D ALVAREZ, ELVIRA 3250 NW 99TH ST. MIAMI FL D CHAO, MARIA 11760 SW 25 TERRA MIAMI FL D PLUG, MARIA DEL C. 7060 W. 16 AVE. MIAMI FL D DIZA, MANUEL 10341 SW 50 ST. MIAMI FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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. SIGNATURE: <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> <b>1-3-1998 (305) 443-0557</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JUVENAL E. BLANCO DIRECTOR</b> Date Daytime Phone # <b>0026826</b>			

CR2E037 (10/97)

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. SIGNATURE: <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> <b>1/3/98</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JUVENAL E. BLANCO</b> Date <b>1/3/98</b> Daytime Phone # <b>941-472-4690</b>	
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