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 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39185 (6)

1. Corporation Name

ASOCIACION CUBANA DE MUJERES UNIVERSITARIAS, INC

Principal Place of Business: P.O. BOX 451942, MIAMI FL 33145

Mailing Address: P.O. BOX 451942, MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1990
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0216359 — Applied For / Not Applicable

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

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

5. Certificate of Status Desired [X] — $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 [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CERDA, ONELIA V.
8860 SW 18 TERRACE
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: LEEDER, ELLEN L.
82 Street Address (P.O. Box Number is Not Acceptable)
83 830 SW 101 Avenue
84 City: Miami FL 85 Zip Code: 33174

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 [signature] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE 5-18-1995

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
P	CERDA, ONELIA V	8860 SW 18 TERRACE	MIAMI FL
D	GARCERAN, HILDA R	4385 W 12 LANE APT. C	HIALEAH FL
D	TUNON, WILMA G.	1140 W 28TH STREET	HIALEAH FL
S	OTERO, CONSUELO	550 DELGADO	CORAL GABLES FL
T	ALVARADO, CARMEN	10145 NW 9 STREET CIRCLE #501	MIAMI FL
D	PENA, LILIA GONZALEZ	270 LAUREL WAY	MIAMI SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip	Change	Addition
P	LEEDER, ELLEN L.	830 SW 101 Ave.	~~MIAMI FL 33174~~	[ ]	[ ]
D	KRAMER, LYDIA	9587 SW 6 Lane	MIAMI, FL 33174	[ ]	[ ]
D	PEREZ, CARIDAD	7961 NW 166 St.	MIAMI, FL 33016	[ ]	[ ]
S	CASTELLON, DELIA	13620 SW 97 St.	MIAMI, FL 33186	[ ]	[ ]
T	ALVARADO, CARMEN	10145 NW 9 St. Circle no.501	MIAMI, FL 33172	[ ]	[ ]
D	GARCIA PARDO, Ma.AMELIA	2451 Brickell Ave. Apt. 11H	MIAMI, FL 33129	[ ]	[ ]

REMITTED BY MAY 1

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: Ellen L. Leeder — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4-13-95 — Daytime Phone # (305) 221-5750

Ellen L. Leeder

0078007