

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N39185** (6)
1. Corporation Name
ASOCIACION CUBANA DE MUJERES UNIVERSITARIAS, INC



Principal Place of Business Mailing Address
P.O. BOX 451942 **P.O. BOX 451942**
MIAMI FL 33145 **MIAMI FL 33145**

3. Date Incorporated or Qualified **07/18/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0216359** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **P.O. Box 655332**
22 City & State 27 Suite, Apt. #, etc.
23 **MIAMI FL.**
24 Zip 25 Country 28 **33265** 29 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEEDER, ELLEN L.
8860 SW 18 TERRACE
830 SW 101 AVENUE
MIAMI FL 33174

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 *Lydia Kramer*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDER, ELLEN L.	1.2 NAME	LYDIA KRAMER
STREET ADDRESS	830 SW 101 AVE.	1.3 STREET ADDRESS	9587 S.W. 6 Lane Miami FL 33174
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, LYDIA	2.2 NAME	ELLEN LEEDER
STREET ADDRESS	9587 SW 6 LANE	2.3 STREET ADDRESS	830 S.W. 101 Ave. Miami FL. 33174
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, CARIDAD	3.2 NAME	CARIDAD PEREZ
STREET ADDRESS	7961 NW 166 ST.	3.3 STREET ADDRESS	7961 NW 166 St, Miami Fl. 33016
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLON, DELLA	4.2 NAME	DELIA CASTELLON
STREET ADDRESS	13620 SW 97 ST.	4.3 STREET ADDRESS	13620 S.W. 97 St. Miami FL. 33186
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, CARMEN	5.2 NAME	CARMEN ALVARADO
STREET ADDRESS	10145 NW 9 STREET CIRCLE #501	5.3 STREET ADDRESS	10145 NW 9 St, Circle #501 Miami FL. 33129
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA PARDO, MA. AMELIA	6.2 NAME	CARMEN OLAVARRIETA
STREET ADDRESS	2451 BRICKELL AVE., APT. 11H	6.3 STREET ADDRESS	9682 Fontainebleau Blv. #403 Miami FL.
CITY - ST - ZIP	MIAMI FL	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)(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: *Lydia Kramer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 21, 1996
Date Daytime Phone #

CR2E037 (12/95)