

FILE NOW: FILING FEE IS \$61.25

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Jul 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39185 (6)**  
1. Corporation Name  
**ASOCIACION CUBANA DE MUJERES UNIVERSITARIAS, INC**



Principal Place of Business <b>P.O. BOX 451942 MIAMI FL 33145</b>	Mailing Address <b>PO BOX 655332 MIAMI FL 33265-5332 US</b>	3. Date Incorporated or Qualified <b>07/18/1990</b>	3a. Date of Last Report <b>02/27/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 445140 27 Suite, Apt. #, etc. 28 Coral Gables, Fl. 29 33114 30 U.S.A.	4. FEI Number <b>65-0216359</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEEDER, ELLEN L. 8860 SW 18 TERRACE 830 SW 101 AVENUE MIAMI FL 33174</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>000002234490</b> <b>-07/10/97--01004--033</b> 84 City <b>***61.25</b> <b>FL</b> 85 Zip Code
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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* (NOTE: Registered Agent signature required when reinstating) DATE **6-30-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	KRAMER, LYDIA	1.2 NAME	CARIDAD PEREZ
STREET ADDRESS	9587 SW 6 LANE	1.3 STREET ADDRESS	4201 Collins Ave Apt 903
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Beach 33140
TITLE	D	2.1 TITLE	P
NAME	LEEDER, ELLEN	2.2 NAME	CARMEN OLAVARRIETA
STREET ADDRESS	830 SE 101 AVE	2.3 STREET ADDRESS	9682 Fontainebleau Blvd, #403
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl. 33172
TITLE	D	3.1 TITLE	V.P.
NAME	CARIDAD, PEREZ	3.2 NAME	HILDA GARCERAN
STREET ADDRESS	7981 NW 166 ST	3.3 STREET ADDRESS	4385 W. 12 Lane apt C
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Hialeah, Fl. 33012
TITLE	S	4.1 TITLE	S
NAME	CASTELLON, DELIA	4.2 NAME	DELIA CASTELLÓN
STREET ADDRESS	13620 SW 97 ST.	4.3 STREET ADDRESS	13620 SW 97 St. Miami, Fl. 33186
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	T
NAME	ALVARADO, CARMEN	5.2 NAME	MARGARITA RODRIGUEZ
STREET ADDRESS	10145 NW 9 STREET CIRCLE #501	5.3 STREET ADDRESS	7160 SW 13 Terr.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Fl. 33144
TITLE	D	6.1 TITLE	S.C.
NAME	OLAVARRIETA, CARMEN	6.2 NAME	LUISA PEREZ
STREET ADDRESS	9682 FONTAINEBLEAU BLVD, #403	6.3 STREET ADDRESS	5249 NW 7 St apt. 313
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, Fl. 33126

14. I do 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.

CR2E037 (9/96)