

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998-1999

DOCUMENT # **N39185**

1. Corporation Name  
**ASOCIACIÓN CUBANA DE MUJERES UNIVERSITARIAS, INC.**

Principal Place of Business  
**P.O. BOX 140445  
CORAL GABLES, FL 33114**

Mailing Address  
**P.O. BOX 140445  
CORAL GABLES, FL 33114**

FILED  
99 SEP 27 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt #, etc.	26 <b>P.O. BOX 140445</b>	<b>7/18/1990</b>
22 City & State	27 Suite, Apt #, etc.	4. FEI Number
23 Zip	28 <b>CORAL GABLES, FL</b>	<b>65-0216359</b>
24 Country	29 <b>33114</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	30 <b>USA</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**HILDA R. GARCERAN**  
**4385 W 12 LANE #C**  
**HALEAH, FL 33012**

10. Name and Address of New Registered Agent

**500003000695--0**  
**-10/06/99--01012--001**  
**\*\*\*\*122.58 FL\*\*\*\*122.50**

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 Hilda R. Garcera DATE 9/3/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b>
NAME	<b>HILDA GARCERAN</b>	1.2 NAME	<b>GEORGINA MONTOLIEU</b>
STREET ADDRESS	<b>4385 W 12 LANE #C</b>	1.3 STREET ADDRESS	<b>8751 SW 5 TERRACE</b>
CITY-ST-ZIP	<b>HALEAH, FL 33012</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33174</b>
TITLE	<b>P</b>	2.1 TITLE	<b>P</b>
NAME	<b>GEORGINA MONTOLIEU</b>	2.2 NAME	<b>HILDA R. GARCERAN</b>
STREET ADDRESS	<b>8751 SW 5 TERRACE</b>	2.3 STREET ADDRESS	<b>4385 W 12 LANE #C</b>
CITY-ST-ZIP	<b>MIAMI, FL 33174</b>	2.4 CITY-ST-ZIP	<b>HALEAH, FL 33012</b>
TITLE	<b>VP</b>	3.1 TITLE	<b>VP</b>
NAME	<b>MARTA OROZCO</b>	3.2 NAME	<b>MARTA OROZCO</b>
STREET ADDRESS	<b>10251 SW FLAGLER TERRACE</b>	3.3 STREET ADDRESS	<b>10251 SW FLAGLER TERRACE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33174</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL 33174</b>
TITLE	<b>S</b>	4.1 TITLE	<b>S</b>
NAME	<b>CARMEN ALVARADO</b>	4.2 NAME	<b>CARMEN ALVARADO</b>
STREET ADDRESS	<b>10145 NW 9 ST CIRCLE #501</b>	4.3 STREET ADDRESS	<b>10145 NW 9 ST CIRCLE #501</b>
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	4.4 CITY-ST-ZIP	<b>MIAMI, FL 33129</b>
TITLE	<b>S</b>	5.1 TITLE	<b>S</b>
NAME	<b>LUISA PEREZ</b>	5.2 NAME	<b>LUISA PEREZ</b>
STREET ADDRESS	<b>5249 NW 7 ST #313</b>	5.3 STREET ADDRESS	<b>5249 NW 7 ST #313</b>
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL 33126</b>
TITLE	<b>T</b>	6.1 TITLE	<b>T</b>
NAME	<b>MARGARITA RODRIGUEZ</b>	6.2 NAME	<b>MARGARITA RODRIGUEZ</b>
STREET ADDRESS	<b>7160 SW 13 TERRACE</b>	6.3 STREET ADDRESS	<b>7160 SW 13 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	6.4 CITY-ST-ZIP	<b>MIAMI, FL 33144</b>

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, with all other like empowered.

SIGNATURE: Hilda R. Garcera DATE 9/3/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)

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**ACMU**  
**Asociación Cubana**  
**de**  
**Mujeres Universitarias**

Miami, September 3, 1999

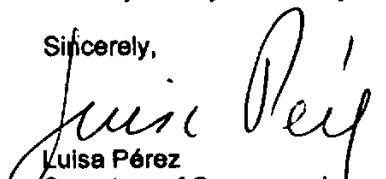
Annual Report Filings  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

To Whom It May Concern:

In 1997 the nonprofit corporation Asociación Cubana de Mujeres Universitarias transferred the mailing address to a different P.O. Box. Since the filing packets were not received during the last 2 years, it was decided to verify the status of the corporation, in person, at the office located at 8175 NW 12 Street in Miami, where excellent services were provided by the employees contacted. By mistake a wrong box number had been entered in the Nonprofit Corporation Annual Report 1997. We were instructed to fill the Application for Reinstatement and Annual Report Form for 1998 and 1999 and to send a check for \$122.50, corresponding to the filing fees for the 2 years, (enclosed). We certainly appreciate the late fee being waved.

Thank you very much for your assistance.

Sincerely,

  
Luisa Pérez  
Secretary of Correspondence