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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:26

DOCUMENT # N39689 (7)

1. Corporation Name
ASOCIACION FAMILIA ESCOLAPIA CUBANA, INC.

Principal Place of Business	Mailing Address
342 S. W. 23RD ROAD MIAMI FL 33129-8924	342 S. W. 23RD ROAD MIAMI FL 33129-8924

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1990
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0256192 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZAYAS-BAZAN, RAUL L.
342 S. W. 23RD ROAD
MIAMI FL 33129-8924

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	ZAYAS-BAZAN, RAUL	1.2 NAME	RAUL PIÑON	
STREET ADDRESS	342 S W 23RD ROAD	1.3 STREET ADDRESS	10000 S.W. 92ND Ave	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	VP	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	SABORIDO, ANTONIO	2.2 NAME	DAVID CONTRERAS	
STREET ADDRESS	8253 SW 40 STREET	2.3 STREET ADDRESS	4731 W. 8TH COURT	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HIALEAN, FL. 33012	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, RAMON N.	3.2 NAME		
STREET ADDRESS	2290 S. W. 122ND COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	VS	4.1 TITLE	VS	☑ Change ☐ Addition
NAME	BLANCO, SUAREZ, OSCAR	4.2 NAME	CESAR F. SAN ROMAN	
STREET ADDRESS	3503 S. W. 87 PLACE	4.3 STREET ADDRESS	1625 S.W. 34 CT.	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, ANDRES	5.2 NAME		
STREET ADDRESS	670 W 39TH PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP		
TITLE	VT	6.1 TITLE	VT	☑ Change ☐ Addition
NAME	CONTRERAS, DAVID	6.2 NAME	CARLOS F. SUAREZ	
STREET ADDRESS	4731 W 8TH COURT	6.3 STREET ADDRESS	11600 S.W. 98 CT.	
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	MIAMI, FL. 33176	

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)(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: [signature] 01/13/95 (305) 5980568
SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT

0041817