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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N39689

1. Corporation Name

ASOCIACION FAMILIA ESCOLAPIA CUBANA, INC.

Principal Place of Business

342 S. W. 23RD ROAD
 MIAMI FL 33129-8924

Mailing Address

342 S. W. 23RD ROAD
 MIAMI FL 33129-8924



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/23/1990

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
CONTRERAS, DAVID
 STREET ADDRESS **4731 W 8TH COURT**
 CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME **VP**
ESTEBAN, LOUREIRO
 STREET ADDRESS **1200 SW 78TH CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **SD**
ALVAREZ, RAMON N.
 STREET ADDRESS **2290 S. W. 122ND COURT**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VS**
CESAR SAN ROMAN
 STREET ADDRESS **2625 SW 34TH CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **TD**
GARCIA, ANDRES
 STREET ADDRESS **670 W 39TH PLACE**
 CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME **VT**
CARLOS SUAREZ
 STREET ADDRESS **11600 SW 98TH CT**
 CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

0029254

4-14-99 305-8259284