

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000003516					
1. Corporation Name NEW WOMEN ENTREPRENEUR CENTER, CORPORATION					
Principal Place of Business 3271 NW 7 ST SUITE 207 MIAMI FL 33125 US			Mailing Address 3271 NW 7 ST SUITE 207 MIAMI FL 33125 US		

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 49 NW 5th 119 Suite, Apt. #, etc.		2a. Mailing Address 26 49 NW 5th Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/04/1993	
22 Suite 119 City & State		27 Suite 119 City & State		4. FEI Number 65-0498295	
23 MIAMI, FL Zip		28 MIAMI Zip		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 33131 25 USA		29 33131 30 USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent RODRIGUEZ-AGUILERA, BETINNA 3271 NW 7 ST SUITE 207 MIAMI FL 33125				10. Name and Address of New Registered Agent 81 Name Rodriguez Aguilera, Bettina 82 Street Address (P.O. Box Number is Not Acceptable) 49 NW 5th St. Suite 119 83 84 City MIAMI, FL 85 Zip Code 33131			
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE CFD NAME RODRIGUEZ-AGUILERA, BETTINA STREET ADDRESS 1036 NW 32ND PLACE CITY-ST-ZIP MIAMI FL 33125	☐ DELETE	1.1 TITLE CEO 1.2 NAME Bettina Rodriguez Aguilera 1.3 STREET ADDRESS 1036 NW 32nd Pl. 1.4 CITY-ST-ZIP Miami, FL 33125	☐ Change ☐ Addition	TITLE SD NAME INGLAN BETTY GRACE STREET ADDRESS 1035 N.W. 32 PLACE CITY-ST-ZIP MIAMI FL 33125	☐ DELETE	2.1 TITLE Pres. 2.2 NAME Elizabeth Chaves Camp 2.3 STREET ADDRESS 11301 SW 100 Ave. 2.4 CITY-ST-ZIP Miami, FL 33157	☐ Change ☒ Addition
TITLE TD NAME GUITAR, MARIA ANTONIA STREET ADDRESS 814 PONCE DE LEON BLVD., #508 CITY-ST-ZIP CORAL GABLES FL 33144	☒ DELETE	3.1 TITLE Pres. 3.2 NAME Raquel Switzer 3.3 STREET ADDRESS 1390 So. Dixie Hwy S-2104 3.4 CITY-ST-ZIP Miami, FL	☐ Change ☒ Addition	TITLE HD NAME GONZALEZ, ANA STREET ADDRESS 3916 N.E. 188 STREET CITY-ST-ZIP MIAMI FL 33180	☒ DELETE	4.1 TITLE Secretary 4.2 NAME Betty Grace Indar 4.3 STREET ADDRESS 1036 NW 32nd Pl. 4.4 CITY-ST-ZIP Miami, FL 33125	☐ Change ☐ Addition
TITLE PD NAME SANCHEZ, OFELIA STREET ADDRESS 17865 S.W. 75 AVENUE CITY-ST-ZIP MIAMI FL 33157	☒ DELETE	5.1 TITLE V.P. Pres. 5.2 NAME Nancy Pulecio 5.3 STREET ADDRESS 6039 Collins Ave. apt. 734 5.4 CITY-ST-ZIP Miami Beach, FL	☐ Change ☐ Addition	TITLE VPD NAME HAWKINS, GRISEL STREET ADDRESS 4590 N.E. 72 AVENUE 2J CITY-ST-ZIP N. MIAMI FL 33160	☒ DELETE	6.1 TITLE V.P. membership 6.2 NAME Pauline Carter 6.3 STREET ADDRESS 17025 SW 107 St. 6.4 CITY-ST-ZIP Miami, FL	☐ Change ☐ Addition

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 AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99 (305) 371-8700

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