

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000005694 (2)**

1. Corporation Name

COLEGIO DE ECONOMISTAS DE CUBA CORP.



Principal Place of Business

Mailing Address

311 SW 27TH RD
MIAMI FL 33129

311 SW 27TH RD
MIAMI FL 33129-2236

3. Date Incorporated or Qualified
11/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1861 S.W. 36 Ave.**

25 **1861 S.W. 36 Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 **Miami Florida**

26 **Miami Florida**

City & State

City & State

24 **33145**

Country

29 **33145**

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORGE, ANTONIO
311 SW 27TH RD
MIAMI FL 33129

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	TABARES-FERNANDEZ, OFELIA	
STREET ADDRESS	1861 SW 36TH AVE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARRILLO, JORGE S	
STREET ADDRESS	1105 ALMERIA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JORGE, ANTONIO	
STREET ADDRESS	311 SW 27TH RD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHELTON, RAUL	
STREET ADDRESS	1010 COUNTRY CLUB PRADO	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PIEDRA, ALBERTO M	
STREET ADDRESS	5707 KIRKWOOD DR	
CITY-ST-ZIP	BETHESDA MD 20816	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FREYRE, JORGE	
STREET ADDRESS	GPO 287	
CITY-ST-ZIP	SAN JUAN PR 00936	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

OFELIA TABARES-FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026652

CR2E037 (9/96)