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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90176 028 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000002616**

1. Corporation Name  
**CENTRO DE ARTES Y OFICIOS DE LA SALLE INC.**

Principal Place of Business 31250 S W 134TH AVENUE HOMESTEAD FL 33030 US	Mailing Address 31250 S W 134TH AVENUE HOMESTEAD FL 33030 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0759494
City & State 23	City & State 28	Applied For No: Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**DORADO, JOSE M**  
**4050 SW 134TH AVE**  
**MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: Jose M. Dorado DATE: 04/27/99

Signature typed or printed name of registered agent and title if applicable. (NO "E" Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DORADO, JOSE M	
STREET ADDRESS	4050 SW 134TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MANZANERO, MIGUEL	
STREET ADDRESS	5601 COLLINS AVE APT 917	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ERVITI, GUSTAVO A	
STREET ADDRESS	2700 SW 96TH AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CAREAGA, JAVIER	
STREET ADDRESS	9600 S W 8TH STREET, STE 26	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	LOPEZ, ELSA	
STREET ADDRESS	12754 S W 44TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SANTIAGO, RAUL J	
STREET ADDRESS	12802 S W 45TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DVP Felix Peña
4.3 STREET ADDRESS	9600 SW 8th Street, Suite 26
4.4 CITY-ST-ZIP	Miami, FL 33174
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DVT Raúl J. Santiago
5.3 STREET ADDRESS	12802 SW 45th Ter.
5.4 CITY-ST-ZIP	Miami, FL 33175
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DVS Elsa Lopez
6.3 STREET ADDRESS	12754 SW 44th Ter.
6.4 CITY-ST-ZIP	Miami, FL 33175

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: Jose M. Dorado DATE: 04/27/99 (305) 553-5336

**SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)