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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000006859

1. Corporation Name
ASSOCIATION OF EXCHANGE AND DEVELOPMENT PROGRAMS FOR ALL, INC.

Principal Place of Business	Mailing Address
19221 NE 10TH AVE., SUITE 318 N. MIAMI BCH FL 33179	19221 NE 10TH AVE., SUITE 318 N. MIAMI BCH FL 33179

2. Principal Place of Business	2a. Mailing Address
21 19221 NE 10th Ave	26 19221 NE 10 Ave
Suite, Apt. #, etc. 22 Suite-318	Suite, Apt. #, etc. 27 Suite 318
City & State 23 N. Miami Bch, Fla	City & State 28 N. M. B Fla
Zip 24 33179 Country 25	Zip 29 33179 Country 30

3. Date Incorporated or Qualified: 12/01/1998

4. FEI Number: 65-0862686 ☐ 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

LINDOR, MARIE F
19221 NE 10TH AVE., SUITE 318
N. MIAMI BCH FL 33179

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 Marie Flore Lindor 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Director Marie Flore Lindor 19221 NE 10 Ave #318 N. M. B. Fla 33179	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Natacha Alexandre 701 NE 205 Terrace N. M. B. Fla 33179	☐ DELETE D	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Advisor Maria Luisa Hernandez 796 NW 29th Street Miami Fla 33127	☐ DELETE D	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Education Liaison Crystal Lee Simpson 1131 NW 54 Street Miami Fla 33127	☐ DELETE T	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Edwards Yvonne 1330 NW 80 street Miami Fla 33147	☐ DELETE T	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Randal Alexandre 701 NE 205 Terrace N.M.B. Fla 33179	☐ DELETE T	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/99)

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 REQUIRED Date (305) 654-9476 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR