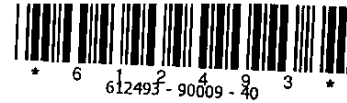


FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90013 044 ****61.25

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



2. Principal Place of Business 21 19221 NE 10th Ave Suite, Apt. #, etc. 22 Suite-318 City & State 23 N. Miami Bch, Fla Zip 24 33179		2a. Mailing Address 26 19221 NE 10 Ave Suite, Apt. #, etc. 27 Suite-318 City & State 28 N. M. B. Fla Zip 29 33179		3. Date Incorporated or Qualified 12/01/1998 4. FEI Number 65-0862686 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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8. 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	
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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 Marie Flore Lindor
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Executive Director	1.1 TITLE	☐ Change ☐ Addition
NAME	Marie Flore Lindor	1.2 NAME	
STREET ADDRESS	19221 NE 10th Ave #318	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. H. B. Fla 33179	1.4 CITY-ST-ZIP	
TITLE	Secretary	2.1 TITLE	☐ Change ☐ Addition
NAME	Natacha Alexandre	2.2 NAME	
STREET ADDRESS	701 NE 205 Terrace	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. H. B. Fla 33179	2.4 CITY-ST-ZIP	
TITLE	Board Advisor	3.1 TITLE	☐ Change ☐ Addition
NAME	María Luisa Hernandez	3.2 NAME	
STREET ADDRESS	796 NW 29th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Fla 33124	3.4 CITY-ST-ZIP	
TITLE	Educator Liaison	4.1 TITLE	☐ Change ☐ Addition
NAME	Crystal Lee Simpson	4.2 NAME	
STREET ADDRESS	1431 NW 54 Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Fla 33124	4.4 CITY-ST-ZIP	
TITLE	Edwards Yvonne	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS	1330 NW 80 Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Fla 33147	5.4 CITY-ST-ZIP	
TITLE	Randal Alexandre	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS	701 NE 205 Terrace	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. H. B. Fla 33179	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied in 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 any attachment with an address, with all other like empowered.

SIGNATURE: Marie Flore Lindor **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

Date

Phone #

(305) 1654-9476

CR2E037 (5/99)