FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -6 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F91953 (2)

1. Corporation Name

EDUCATIONAL MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
2350 CORAL WAY STE 301 MIAMI FL 33145 US	2350 CORAL WAY STE 301 MIAMI FL 33145 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1982
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 59-2215430 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOMEZ, FAUSTO B
5808 SAN VICENTE
CORAL GABLES FL 33146

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 607.0502 and 607.1508, 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 607.0505, 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	DT	11 TITLE		☒ Change ☐ Addition
NAME	CASTRO, ALINA M	12 NAME		
STREET ADDRESS	5808 SAN VICENTE	13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Coral Gables, Fl 33146	
TITLE	DS	21 TITLE		☒ Change ☐ Addition
NAME	TELLECHEA, ESTHER B	22 NAME		
STREET ADDRESS	10280 SW 19TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	Miami, Fl 33165	
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	GOMEZ, FAUSTO B	32 NAME		
STREET ADDRESS	5808 SAN VICENTE	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	Coral Gables, Fl 33146	
TITLE	DVP	41 TITLE		☒ Change ☐ Addition
NAME	TELLECHEA, MIGUEL A.	42 NAME		
STREET ADDRESS	10280 SW 19TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	44 CITY-ST-ZIP	Miami, Fl 33165	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: ☒ Esther Tellechea E. TELLECHEA ☒ 2/25/95 ☒ (305) 260 0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0168183 CP