FILE NOV [redacted] G FEE AFTER MAY 1ST IS $550.00

PROFIT [redacted] CORPORATION ANNUAL REPORT

1998

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

FILED
98 AUG 10 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K09664

1. Corporation Name
Florida National College, Inc

Principal Place of Business
4206 West 12 Avenue
Hialeah, Florida 33012

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21 same as above
22 Suite, Apt. #, etc
23 City & State: Hialeah, Fl
24 Zip: 33012 25 Country: USA

2a. Mailing Address
26 4206 W. 12 Ave
27 Suite, Apt. #, etc
28 City & State: Hialeah, Fl
29 Zip: 33012 30 Country: USA

4. FEI Number: 65 002 1295 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
OMAR SANCHEZ
8902 SW 81 TERR
Miami, Fl 33173

10. Name and Address of New Registered Agent
81 Name: Omar Sanchez
82 Street Address (P.O. Box Number is Not Acceptable): 8902 SW 81 TERR
83
84 City: Miami FL 85 Zip Code: 33173

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: Omar Sanchez, Vice President — DATE: 7/2/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	JOSÉ REGUEIRO		12 NAME	
STREET ADDRESS	11909 SAILBOAT RD		13 STREET ADDRESS	
CITY-ST-ZIP	ROCK CREEK - FL - 33026		14 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT/CEO	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MARIA C. REGUEIRO		22 NAME	500002616525--3
STREET ADDRESS	11909 SAILBOAT RD		23 STREET ADDRESS	-08/14/98--01065--012
CITY-ST-ZIP	ROCK CREEK - FL - 33026		24 CITY-ST-ZIP	****150.00 ****150.00
TITLE	VICE-PRESIDENT	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	OMAR SANCHEZ		32 NAME	
STREET ADDRESS	8902 SW 81 TR.		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI - FL - 33173		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

LSD 8/10/98

CR2E034 (10/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M Regueiro Maria C. Regueiro 8/6/98 305-821-3333X1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #