FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K09664

1. Corporation Name

FLORIDA NATIONAL COLLEGE, INC.										
Principal Place	of Business	Mailing Address				####################################	1 8181 91911 2	1911 01011 41911	41411 BIB11 1841	
4206 W. 12TH A	AVE.	4206 W. 12TH AVE.								
HIALEAH FL 33012 HIALEAH FL 33012					i	DO NOT WRIT	E IN THIS	SPACE		
					i	Date Incorporated or Qualified	E IIV IIIIO		7	
						12/28/1987			{	
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	oplied For	
 7	ace of pusitiess		26			· · · · · · · · · · · · · · · · · · ·			ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	Additional	
22	., -10.	27	27			5. Certifcate of Status Desired		Fee R	equired	
City & State	,	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28	28			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	_ `			8. This corporation owes the curre	nt year Int		}	
24	25 29 30					Personal Property Tax.		Yes	□No	
Name and Address of Current Registered Agent				31 N	<u> </u>	10. Name and Address of New R	egistered	Agent		
SANCHEZ, OMAR				- {	Name					
	S.W. 81ST TERR.		8	32 5	Street Addres	ss (P.O. Box Number is Not Acceptal	ole)		}	
1	AI FL 33173		L	33					-	
1916-414	M 1 E 00170		\ \	23		•	_			
			18	34 (City		FL	85 Zip	Code	
207 0500 First Cardina				1	Page 1 and 1					
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 reg 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0805, Florida Statutes.							egistered			
SIGNATURE	The can	MOTE B	Inninternal A	nant ei	ignature required v	when reinstation)	DATE			
organization (pp. 12 pm) or a management of the pm of th				Genr ad	gnardre required v	ADDITIONS/CHANGES TO OFF		ND DIRECT	ORS IN 12	!
TITLE	OFFICERS AND DIRECTORS 13.			 E				☐ Change		
NAME	REGUEIRO, JOSE 1.2 N			E)					
STREET ADDRESS				1.3 STREET ADDRESS						Į
CITY-ST-ZIP	DOOK OFFER THE STORE		1.4 CITY		ì					ļ
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NAME	REGUEIRO, MARIA C	2.2 N		2.2 NAME					}	
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TITLE	V	DELETE 3.1 TI						☐ Change	Addition	
NAME	SANCHEZ, OMAR	CHEZ, OMAR 3.2 N		Œ)					
STREET ADDRESS				EET AC	DDRESS					
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NAME			4, 2 NAN	ME	{				l	ļ
STREET ADDRESS			4.3 STR	EET AL	DDRESS (ł
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NAME			5.2 NAW							į
STREET ADDRESS			•		DORESS		•			ĺ
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TITLE		☐ DELETE	6.1 TITL		Ì			Change	☐ Addition	ĺ
NAME			6.2 NAM		22222					ĺ
CTREET ANDRESS	1		# 5.3 STR	ELLI AL	DDRESS					,

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 trasted 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS!

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90008 050 ***150.00