

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90113 038 ***150.00

DOCUMENT # **K71888**

1. Corporation Name

BACHILLER SYSTEM, CORP.

Principal Place of Business

4226 N.W. 32ND AVE.
MIAMI FL 33142

Mailing Address

785 NW 37TH AVE.
STE. 279
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1989

4. FEI Number

65-0106994

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE ALBA, FELIPE

7595 S.W. 38 STREET
MIAMI FL 33155

81. Name

DE ALBA FELIPE

82. Street Address (P.O. Box Number is Not Acceptable)

300 NW 107 AVE #205

83.

84. City

MIAMI

FL

85. Zip Code

33172

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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/30/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DS** ☐ DELETE
NAME **DE ALBA, FELIPE**
STREET ADDRESS **7595 SW 38TH STREET**
CITY-ST-ZIP **MIAMI FL 33155**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **FELIPE DE ALBA**
1.3 STREET ADDRESS **300 N.W. 107 AVE #205**
1.4 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **DP** ☐ DELETE
NAME **MALDONALDO, FAUSTO A.**
STREET ADDRESS **321 FLAGAMI BOULEVARD**
CITY-ST-ZIP **MIAMI FL 33144**

2.1 TITLE **SECRETARY** ☒ Change ☐ Addition
2.2 NAME **MALDONADO FAUSTO A.**
2.3 STREET ADDRESS **615 SW 82 AVE**
2.4 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **V** ☐ DELETE
NAME **KENNEDY, SEVERINO**
STREET ADDRESS **3247 SW 89TH COURT**
CITY-ST-ZIP **MIAMI FL 33144**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)