2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003846

1. Entity Name
BILINGUAL SCHOOLS ASSOCIATION, INC. BISA

Principal Place of Business	Mailing Address
904 SW 23RD AVE. MIAMI, FL 33135	904 SW 23RD AVE. MIAMI, FL 33135

01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1019183
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, JR., DEMETRIO M.S.
904 SW 23RD AVE.
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000116254
04/16/04-80057-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESPINOSA, ROLANDO DR.
STREET ADDRESS	130 SW 32ND AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	ESPINOSA, ARMINDA DR.
STREET ADDRESS	130 SW 32ND AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	PEREZ, JR., DEMETRIO M.S.
STREET ADDRESS	904 SW 23RD AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 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 #