

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 JUN -1 AM 11:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary
DIVISION OF CORPORATIONS

1995 *Non-Profit*
DOCUMENT # N39997
1. Corporation Name

Private Sector Council for Educational Assistance, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2601 S. Bayshore Drive Suite 600
Miami, Florida 33133

3. Date Incorporated or Qualified **09/17/1990** 3a. Date of Last Report **04/29/1994**

4. FEI Number **65-0265660** 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**

7. This corporation files liability for intangible tax under § 199.022, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
~~Holtzman, Sylvan~~
~~2601 S. Bayshore Drive~~
~~Suite 600~~
~~Miami, Florida 33133~~
T

10. Name and Address of Now Registered Agent
81 Name **HKES&F Registered Agent Corp.**
82 Street Address (P.O. Box Number is Not Acceptable) **2601 South Bayshore Drive**
83 **Suite 600**
84 City **Miami** 85 Zip Code **FL 33133**

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Sylvan Holtzman* **Sylvan Holtzman, President of HKES&F Registered Agent** 4/5/95
DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Ford, Henry
STREET ADDRESS	2601 S. Bayshore Dr., Suite 600
CITY ST ZIP	Miami, Florida 33133
TITLE	SD
NAME	Porras, Fernando Aramb
STREET ADDRESS	2601 S. Bayshore Dr., Ste 600
CITY ST ZIP	Miami, Florida 33133
TITLE	TD
NAME	Riley, William
STREET ADDRESS	2601 S Bayshore Dr., Ste 600
CITY ST ZIP	Miami, Florida 33133
TITLE	D
NAME	Desosa, Nuri Q
STREET ADDRESS	2601 S. Bayshore Dr., Ste 600
CITY ST ZIP	Miami, Florida 33133
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	400001504224
23 STREET ADDRESS	-06/02/95--01020--010
24 CITY ST ZIP	****130.00 ****130.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as 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: *Henry Ford* **Henry Ford** 4/5/95 (305) 859 720
DATE: _____