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Apr 14 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # N39997 (4)
 1. Corporation Name
PRIVATE SECTOR COUNCIL FOR EDUCATIONAL ASSISTANC E, INC.



Principal Place of Business Mailing Address
 2601 S BAYSHORE DR 2601 S BAYSHORE DR
 600 600
 MIAMI FL 33133 MIAMI F 33133
 US US

3. Date Incorporated or Qualified
09/17/1990

4. FEI Number Applied For
65-0265660 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 26

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

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State City & State
 23 28

7. Is this nonprofit corporation a homeowners association? Yes No

Zip Country Zip Country
 24 25 29 30

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
DE PLAZOLA, ZULEIKA
2601 S. BAYSHORE DRIVE #600
MIAMI FL 33133

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORD, HENRY | 1.2 NAME | FORD, HENRY |
| STREET ADDRESS | 2601 S BAYSHORE DR #600 | 1.3 STREET ADDRESS | 2601 S BAYSHORE DR #600 |
| CITY-ST-ZIP | MIAMI FL 33133 | 1.4 CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PORRAS, FERNANDO ARAMB | 2.2 NAME | MOTTA, ROBERTO JR. |
| STREET ADDRESS | 2601 S BAYSHORE DR #600 | 2.3 STREET ADDRESS | 2601 S BAYSHORE DR #600 |
| CITY-ST-ZIP | MIAMI FL 33133 | 2.4 CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RILEY, WILLIAM | 3.2 NAME | BARRELIER, OLEGARIO |
| STREET ADDRESS | 2601 S BAYSHORE DR #600 | 3.3 STREET ADDRESS | 2601 S BAYSHORE DR #600 |
| CITY-ST-ZIP | MIAMI FL 33133 | 3.4 CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DESOSA, NURI Q | 4.2 NAME | BAZAN, DOMINADOR K. |
| STREET ADDRESS | 2601 S BAYSHORE DR #600 | 4.3 STREET ADDRESS | 2601 S BAYSHORE DR #600 |
| CITY-ST-ZIP | MIAMI FL 33133 | 4.4 CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | DE PLAZOLA, ZULEIKA |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 2601 S BAYSHORE DR #600 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Luzilda de la Cruz* **March 30, 1998** (605) 860-7104

CR2E037 (10/97)