FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
CORPORATE FILING
Tallahassee, Florida

APPROVED AND FILED

95 MAY -1 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001327 (5)**

1. Corporate Name

PROGRAMA EDUCACIONAL DE TUTORIA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1561 N. CHICKASAW TRAIL ORLANDO FL 32823	1561 N. CHICKASAW TRAIL ORLANDO FL 32823

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report:
4. FEI Number: 59-3232125 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26) P.O. BOX 677969	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28) Orlando, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) 32867-7969 / Country (30) U.S.A.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRIMENTEL, HUBERTO 1561 N. CHICKASAW TRAIL ORLANDO FL 32823	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 Section 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: Huberto Primentel 4-27-95
(Required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Check One)	
TITLE	D	TITLE	☒ Change ☐ Addition P/D
NAME	SANCHEZ, MARCIANO	NAME	Sanchez, Marciano
STREET ADDRESS	4601 TIFFANY WOODS CIRCLE	STREET ADDRESS	4601 Tiffany Woods Circle
CITY-ST-ZIP	OVIEDO FL 32765	CITY-ST-ZIP	Oviedo, FL 32765
TITLE	D	TITLE	☒ Change ☐ Addition V/D
NAME	PEREZ, HILDA	NAME	PEREZ, HILDA
STREET ADDRESS	1126 PHEASANT CIRCLE	STREET ADDRESS	1126 Pheasant Circle
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D	TITLE	☒ Change ☐ Addition T
NAME	VIDAL, MIGUEL	NAME	VIDAL, miguel
STREET ADDRESS	3767 SAINT LUCIE COURT	STREET ADDRESS	3767 St! Lucie Court
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D	TITLE	☒ Change ☐ Addition P
NAME	PEREZ, ELIZABETH	NAME	PEREZ, ELIZABETH
STREET ADDRESS	6195 RHYTHM CIRCLE	STREET ADDRESS	6189 Rhythm Circle
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	Orlando, FL 32808
TITLE	D	TITLE	☐ Change ☒ Addition S
NAME	PIMENTEL, ARLENE	NAME	BIASCOECHEA, ANA
STREET ADDRESS	1021 CUTOFF BRANCH COURT	STREET ADDRESS	1408 CASA PARK CIRCLE
CITY-ST-ZIP	OVIEDO FL 32765	CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	ADORNO, CARMEN	NAME	
STREET ADDRESS	2013 TROPIC BAY COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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.

SIGNATURE: Miguel Vidal 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #

0034584