

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 19 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005124 (0)**  
 1. Corporation Name  
**TRAINING INSTITUTE OF FLORIDA/APC, INC.**



Principal Place of Business <b>2017 WEST 62ND ST HIALEAH FL 33016</b>	Mailing Address <b>2017 WEST 62ND ST HIALEAH FL 33016</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>10/07/1996</b>	3a. Date of Last Report <b>N/A</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>69-0580238</b>	Applied For Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>29</b>	Country <b>30</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>ALFIE, MIGUEL 2017 WEST 62ND ST HIALEAH FL 33016</b>		10. Name and Address of New Registered Agent  <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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11. Pursuant to the provisions of Sections 617.0503 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: *Miguel Alfie* **MIGUEL ALFIE, DIRECTOR** **9-3-97**  
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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GUERRA, AUGUSTO V</b>		1.2 NAME <b>ESTEBAN LOPEZ BLANCO</b>	
STREET ADDRESS <b>14435 SHERMAN WAY STE 208</b>		1.3 STREET ADDRESS <b>14435 SHERMAN WAY STE 208</b>	
CITY-ST-ZIP <b>VAN NUYS CA 91405</b>		1.4 CITY-ST-ZIP <b>VAN NUYS CA 91405</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>REGIONAL DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALFIE, REBECA</b>		2.2 NAME <b>MIGUEL ALFIE VOID</b>	
STREET ADDRESS <b>4423 ALTON ROAD</b>		2.3 STREET ADDRESS <b>4423 ALTON RD</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		2.4 CITY-ST-ZIP <b>MIAMI BEACH - FL. 33140</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALFIE, MIGUEL</b>		3.2 NAME <b>ALFIE, REBECA</b>	
STREET ADDRESS <b>4423 ALTON ROAD</b>		3.3 STREET ADDRESS <b>4423 ALTON RD. VOID</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		3.4 CITY-ST-ZIP <b>MIAMI BEACH FL. 33140</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 do 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 in an attachment with an address.  
 SIGNATURE: *Miguel Alfie* **MIGUEL ALFIE** **9-15-97**  
SIGNATURE REQUIRED

CR2E037 (4/97)