

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 FEB 26 AM 8:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000101805
 1. Corporation Name
"INTERNATIONAL HEALTH AND EDUCATION, INC."



Principal Place of Business
1401 BRICKELL AVENUE
SUITE 650
MIAMI FL 33131

Mailing Address
1401 BRICKELL AVENUE
SUITE 650
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **12/03/1997**
- 4. FEI Number: ~~APPLICABLE~~ **65-0817205** 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
- 8. This corporation owes the current year Intangible Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent

2. Principal Place of Business

21	334 Minorca Ave	26	331 Minorca Ave
22	City & State	27	City & State
23	Coral Gables, FL	28	Coral Gables, FL
24	Zip 33134	29	Zip 33134
25	Country USA	30	Country USA

8. Name and Address of Current Registered Agent
DORTA, GONZALO R
1401 BRICKELL AVENUE
SUITE 650
MIAMI FL 33131

81 Name: **Gonzalo R. Dorta**
 82 Street Address (P.O. Box Number is Not Applicable): **334 Minorca Ave.**
 83
 84 City: **Coral Gables** FL 85 **33134**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature typed or printed name of registered agent and title, if applicable		[] DELETE		[] Change [] Addition	
12. TITLE	PD	11. TITLE	[] DELETE	11. TITLE	[] Change [] Addition
NAME	BESTMAN, EVALINA DR.	12. NAME	[] DELETE	12. NAME	[] Change [] Addition
STREET ADDRESS	1401 BRICKELL AVENUE	13. STREET ADDRESS	[] DELETE	13. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	MIAMI FL 33131	14. CITY-ST-ZIP	[] DELETE	14. CITY-ST-ZIP	[] Change [] Addition
TITLE	D	15. TITLE	[] DELETE	15. TITLE	[] Change [] Addition
NAME	CHARLES, CLAUDE	16. NAME	[] DELETE	16. NAME	[] Change [] Addition
STREET ADDRESS	1401 BRICKELL AVENUE	17. STREET ADDRESS	[] DELETE	17. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	MIAMI FL 33131	18. CITY-ST-ZIP	[] DELETE	18. CITY-ST-ZIP	[] Change [] Addition
TITLE	D	19. TITLE	[] DELETE	19. TITLE	[] Change [] Addition
NAME	DORTA, GONZALO R	20. NAME	[] DELETE	20. NAME	[] Change [] Addition
STREET ADDRESS	1401 BRICKELL AVENUE	21. STREET ADDRESS	[] DELETE	21. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	MIAMI FL 33131	22. CITY-ST-ZIP	[] DELETE	22. CITY-ST-ZIP	[] Change [] Addition
TITLE	D	23. TITLE	[] DELETE	23. TITLE	[] Change [] Addition
NAME	MARTINEZ, ALEX	24. NAME	[] DELETE	24. NAME	[] Change [] Addition
STREET ADDRESS	1401 BRICKELL AVENUE	25. STREET ADDRESS	[] DELETE	25. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	MIAMI FL 33131	26. CITY-ST-ZIP	[] DELETE	26. CITY-ST-ZIP	[] Change [] Addition
TITLE	D	27. TITLE	[] DELETE	27. TITLE	[] Change [] Addition
NAME	SUAREZ-MENENDEZ, JORGE	28. NAME	[] DELETE	28. NAME	[] Change [] Addition
STREET ADDRESS	1401 BRICKELL AVENUE	29. STREET ADDRESS	[] DELETE	29. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	MIAMI FL 33131	30. CITY-ST-ZIP	[] DELETE	30. CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	31. TITLE	[] DELETE	31. TITLE	[] Change [] Addition
NAME	[] DELETE	32. NAME	[] DELETE	32. NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	33. STREET ADDRESS	[] DELETE	33. STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	34. CITY-ST-ZIP	[] DELETE	34. CITY-ST-ZIP	[] Change [] Addition
		35. CITY-ST-ZIP	[] DELETE	35. CITY-ST-ZIP	[] Change [] Addition
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		47. CITY-ST-ZIP	[] DELETE	47. CITY-ST-ZIP	[] Change [] Addition
		48. CITY-ST-ZIP	[] DELETE	48. CITY-ST-ZIP	[] Change [] Addition
		49. CITY-ST-ZIP	[] DELETE	49. CITY-ST-ZIP	[] Change [] Addition
		50. CITY-ST-ZIP	[] DELETE	50. CITY-ST-ZIP	[] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, by 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 of an attachment with an address, with all other like empowered.

SIGNATURE: *Gonzalo R. Dorta* **GONZALO R. DORTA** 1-20-98 (305) 381-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)