

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F91953

(2)

1. Corporation Name

EDUCATIONAL MANAGEMENT SERVICES, INC.

Principal Place of Business

2350 CORAL WAY
STE 301
MIAMI FL 33145
US

Mailing Address

2350 CORAL WAY
STE 301
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/26/1982

3a. Date of Last Report

07/06/1994

4. FEI Number

59-2215430

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

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

10. Name and Address of New Registered Agent

GOMEZ, FAUSTO B
5808 SAN VICENTE
CORAL GABLES FL 33146

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 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

Type an actual or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DT

NAME

CASTRO, ALINA M

STREET ADDRESS

5808 SAN VICENTE

CITY- ST- ZIP

CORAL GABLES FL

TITLE

DS

NAME

TELLECHEA, ESTHER B

STREET ADDRESS

10280 SW 19TH STREET

CITY- ST- ZIP

MIAMI, FL 00000

TITLE

PD

NAME

GOMEZ, FAUSTO B

STREET ADDRESS

5808 SAN VICENTE

CITY- ST- ZIP

CORAL GABLES FL

TITLE

DVP

NAME

TELLECHEA, MIGUEL A.

STREET ADDRESS

10280 SW 19TH STREET

CITY- ST- ZIP

MIAMI, FL 00000

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

Coral Gables, FL 33146

21 TITLE

☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

Miami, FL 33165

31 TITLE

☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

Coral Gables, FL 33146

41 TITLE

☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

Miami, FL 33165

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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: X

Esther B. Telles
SIGNATURE AND TYPED OR PRINTED NAME OF BORROWING OFFICER OR DIRECTOR

2/25/95 X(50) 760 0780
Date Signature