

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
DIVISION OF CORPORATIONS

DOCUMENT # N96000006528 (1)

1. Corporation Name

ALTERNATIVE EDUCATION FOUNDATION, INC.

Principal Place of Business

8925 GRAND CANAL DR.
MIAMI FL 33174

Mailing Address

8925 GRAND CANAL DR.
MIAMI FL 33174-2358



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ARANGO, RUBEN C
8925 GRAND CANAL DR.
MIAMI FL 33174

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 RUBEN C. ARANGO [Signature] 06/10/97
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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANGO, RUBEN C	1.2 NAME	<input checked="" type="checkbox"/> DELETED
STREET ADDRESS	8925 GRAND CANAL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JUAN C	2.2 NAME	
STREET ADDRESS	8925 GRAND CANAL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYARES, CARLOS J	3.2 NAME	
STREET ADDRESS	8925 GRAND CANAL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, CARLOS A	4.2 NAME	
STREET ADDRESS	8925 GRAND CANAL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ-PEREZ, ARELYS	5.2 NAME	
STREET ADDRESS	8925 GRAND CANAL DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	5.4 CITY-ST-ZIP	
TITLE		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	

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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.

CR2E037 (9/96)