


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90039 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 721739					
1. Corporation Name LA PROGRESIVA PRESBYTERIAN SCHOOL, INC.					
Principal Place of Business 2480 NW 7TH ST MIAMI FL 33125-3135			Mailing Address 2480 NW 7TH ST MIAMI FL 33125-3135		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/20/1971	
4. FEI Number 59-1361410		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. May Be Added to Fees \$5.00			

9. Name and Address of Current Registered Agent DR ROLANDO GARCIA-TURINO 1041 NW 32ND PLACE MIAMI FL 33125				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CABRERA, ROMANA			1.2 NAME			
STREET ADDRESS	482 SW 87 PL			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRUZ, RAFAEL			2.2 NAME			
STREET ADDRESS	5825 COLLINS AVE #1708			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL 33140			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VUELTA, XIOMARA			3.2 NAME			
STREET ADDRESS	10170 N.W. 54 TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33178			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARCIA-TURINO, ROLANDO DR			4.2 NAME			
STREET ADDRESS	1040 NW 32ND PL			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33125			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TEJERA, ANGEL			5.2 NAME			
STREET ADDRESS	6805 SW 139 PL			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELPIDIO, PADILLA DR			6.2 NAME			
STREET ADDRESS	421 WREN AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166			6.4 CITY-ST-ZIP			

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

305-642-7744

Daytime Phone #

CR2E037 (1/98)