

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 226141

(0)

1. Corporation Name

GULLIVER ACADEMY, INC.

Principal Place of Business

12595 RED ROAD
CORAL GABLES FL 33156

Mailing Address

12595 RED ROAD
CORAL GABLES FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/21/1959

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 8603 SOUTH OXIDE HWY.

22 City & State

27 Suite 406

23 Zip

Country

28 MIAMI FL

Zip

Country

24

25

29 33143

30

4. FEI Number
59-0912538

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

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 SOUTH BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRUTULIS, MARIAN
STREET ADDRESS	6925 CAMARIN STREET
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VD
NAME	KRUTULIS, JOSEPH J
STREET ADDRESS	6645 SW 129TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	PERRONE, STEPHEN L.
STREET ADDRESS	5600 S.W. 84 TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	KRUTULIS, JOHN
STREET ADDRESS	7360 SW 168 ST
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	TABASUARA
5.3 STREET ADDRESS	JOSE E. FUENTE
5.4 CITY-ST-ZIP	8950 SW 156 ST
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	MIAMI FL 33157
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jose E. Fuente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-95

(305) 666-6333