

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 454205 (6)

1. Corporation Name

FLORIDA SYSTEMS FOR EDUCATION, INC.



Principal Place of Business

Mailing Address

19151 S. DIXIE HWY. STE. 205
MIAMI FL 33157
US

19151 S. DIXIE HWY. STE. 205
MIAMI FL 33157
US

3. Date Incorporated or Qualified

06/05/1974

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1539739

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

10. Name and Address of New Registered Agent

PIACENTI, ROBERT

~~6636 SW 96 ST~~ 9190 SW 82nd AVE.
MIAMI FL ~~33130-0411~~ 33156

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

Signature typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PIACENTI, ROBERT ☐ DELETE
STREET ADDRESS ~~6636 SW 96 ST~~ 9190 SW 82nd AVE.
CITY-STATE-ZIP MIAMI, FL ~~33130-0411~~ 33156

TITLE VP
NAME PIACENTI, GLADYS B. ☐ DELETE
STREET ADDRESS ~~6636 SW 96 ST~~ 7650 SW 122 St
CITY-STATE-ZIP MIAMI, FL ~~33130-0411~~ 33174

TITLE SD
NAME ALONSO, JENNY ☐ DELETE
STREET ADDRESS 511 S.W. 88 PL. W.
CITY-STATE-ZIP MIAMI, FL ~~33130-0411~~ 33174

TITLE TD
NAME BRAVO, ARLENE ☐ DELETE
STREET ADDRESS 627 SW 88 PL. E.
CITY-STATE-ZIP MIAMI FL 33174

TITLE VD
NAME SANCHEZ MICHELLE ☐ DELETE
STREET ADDRESS 3101 S.W. 133 RD. COURT
CITY-STATE-ZIP MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-12-96

(305) 661-5211

CR2E034 (12/95)