

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 19151 S. DIXIE HWY. STE. 205 MIAMI FL 33157 US		Mailing Address 19151 S. DIXIE HWY. STE. 205 MIAMI FL 33157-7729 US	
2. Principal Place of Business 21 7601 W. FLAGLER ST. Suite, Apt. #, etc. 22 SUITE 200 City & State 23 MIAMI, FLORIDA Zip Country 24 33144 25 US		2a. Mailing Address 26 7601 W. FLAGLER ST. Suite, Apt. #, etc. 27 SUITE 200 City & State 28 MIAMI, FL Zip Country 29 33144 30 US	

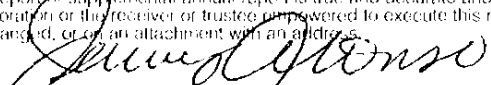
3. Date Incorporated or Qualified 06/05/1974	3a. Date of Last Report 04/22/1996
4. FEI Number 59-1539739	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent PIACENTI, ROBERT 9190 SOUTHWEST 82ND AVENUE MIAMI FL 33156		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 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 the person designated as the registered agent		DATE Date of Signature	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PIACENTI, ROBERT	1.2 NAME	
STREET ADDRESS	9190 SW 82ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	PIACENTI, GLADYS B.	2.2 NAME	
STREET ADDRESS	7650 SW 122 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, JENNY	3.2 NAME	
STREET ADDRESS	511 S.W. 88 PL. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BRAVO, ARLENE	4.2 NAME	
STREET ADDRESS	627 SW 88 PL. E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ MICHELLE	5.2 NAME	
STREET ADDRESS	3101 S.W. 133 RD. COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:  1/22/97

CR2E034 (9/96)