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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	Mailing Address
19151 S. DIXIE HWY. STE. 205 MIAMI FL 33157 US	19151 S. DIXIE HWY., STE. 205 MIAMI FL 33157-7729 US

3. Date Incorporated or Qualified: 06/05/1974
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 7601 W. FLAGLER ST.	26 Suite, Apt. #, etc.: 7601 W. FLAGLER ST.
22 City & State: SUITE 200	27 City & State: SUITE 200
23 Zip: MIAMI, FLORIDA	28 Zip: MIAMI, FL
24 Country: 33144	29 Country: 33144
25: US	30: US

4. FEI Number: 59-1539739 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

PIACENTI, ROBERT
9190 SOUTHWEST 82ND AVENUE
MIAMI FL 33156

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

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 _____ DATE _____
Signature, typed or printed name of the person executing this report. (If the Registered Agent signature required when executing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	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	[ ] DELETE	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	[ ] DELETE	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	[ ] DELETE	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	[ ] DELETE	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		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jenny Alonso 1/22/97