

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 454205

1. Corporation Name

FLORIDA SYSTEMS FOR EDUCATION, INC.

Principal Place of Business

7601 W. FLAGLER ST.  
SUITE 200  
MIAMI FL 33144  
US

Mailing Address

7601 W. FLAGLER ST.  
SUITE 200  
MIAMI FL 33144  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PIACENTI, ROBERT  
9190 SOUTHWEST 82ND AVENUE  
MIAMI FL 33156

3. Date Incorporated or Qualified

06/05/1974

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 owes the current year Intangible  
Personal Property Tax.



No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PIACENTI, ROBERT  
STREET ADDRESS 9190 SW 82ND AVE.  
CITY-ST-ZIP MIAMI, FL 00000

TITLE VP  
NAME PIACENTI, GLADYS B.  
STREET ADDRESS 7650 SW 122 ST  
CITY-ST-ZIP MIAMI, FL 00000

TITLE SD  
NAME ALONSO, JENNY  
STREET ADDRESS 511 S.W. 88 PL. W.  
CITY-ST-ZIP MIAMI, FL 00000

TITLE TD  
NAME BRAVO, ARLENE  
STREET ADDRESS 627 SW 88 PL. E.  
CITY-ST-ZIP MIAMI FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, 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: *Jenny Alonso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90059 042 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

02-01-99 305-261-5211

Date

Daytime Phone #