FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **721626** **(0)**

1. Corporation Name

SPANISH-AMERICAN BASIC EDUCATION AND REHABILITATION, INC.

Principal Place of Business	Mailing Address
994 S.W. 1ST. ST.	994 S.W. 1ST. ST.
MIAMI FL 33130-1111	MIAMI FL 33130-1111

3. Date Incorporated or Qualified: **09/02/1971**

3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business
21 **3990 West Flagler St.**
Suite, Apt. #, etc.
22 **#100**
City & State
23 **Miami, Florida**
Zip 24 **33134** Country 25 **Dade**

2a. Mailing Address
26 **3990 West Flagler St.**
Suite, Apt. #, etc.
27 **#100**
City & State
28 **Miami, Florida**
Zip 29 **33134** Country 30 **Dade**

4. FEI Number: **58-1126894** ☐ 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

DELA CRUZ, LUIS F. JR.
DE LACRUZ & CUTLER, P.A.
241 SEVILLA AVE., STE #805
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **N/A**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PESTONIT, MARIO		1.2 NAME		
STREET ADDRESS	188 E 4TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SABINES, LUIS		2.2 NAME		
STREET ADDRESS	1417 W FLAGLER ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, HILDA		3.2 NAME		
STREET ADDRESS	414 ARAGON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIVAS, ANTHONY		4.2 NAME		
STREET ADDRESS	939 SW 87TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALIL, ALBERTO		5.2 NAME		
STREET ADDRESS	1150 W FLAGLER ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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		

CR2E037 (12/95)

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

SIGNATURE: _____)2/26/96 (305) 443-9170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #