

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 # 721739 (1)
1. Corporation Name

LA PROGRESIVA PRESBYTERIAN SCHOOL, INC.



Principal Place of Business: 2480 NW 7TH ST, PO BOX 350666, MIAMI FL 33125-3135
Mailing Address: 2480 NW 7TH ST, PO BOX 350666, MIAMI FL 33125-3135

3. Date Incorporated or Qualified: 09/20/1971
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1361410
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
SOSA, WINSTON H
2480 NW 7TH ST
MIAMI FL 33125

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CABRERA, ROMANA	
STREET ADDRESS	432 SW 87 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRUZ, RAFAEL	
STREET ADDRESS	2850 S.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VUELTA, XIOMARA	
STREET ADDRESS	10170 N.W. 54 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOSA, WINSTON	
STREET ADDRESS	2625 COLLEINS AVE #1708	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	URGELLES, ARMANDO	
STREET ADDRESS	5011 NW 4TH TER	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, CARLOTA	
STREET ADDRESS	651 N.W. 43 COURT	
CITY-ST-ZIP	MIAMI FL 33126	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/29/96 DAYTIME PHONE # _____

CR2E037 (12/95)