


FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721739 (1)

1. Corporation Name
LA PROGRESIVA PRESBYTERIAN SCHOOL, INC.



Principal Place of Business 2480 NW 7TH ST MIAMI FL 33125-3135	Mailing Address 2480 NW 7TH ST MIAMI FL 33125-3135
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3. Date Incorporated or Qualified 09/20/1971	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1361410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Dr. Rolando Garcia-Turino
82 Street Address (P.O. Box Number is Not Acceptable) 1041 NW 32nd Place
83 City Miami
84 City Miami
85 Zip Code FL 33125

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: *Rolando Garcia-Turino* **ROLANDO GARCIA-TURINO** DATE: **2/6/97**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CABRERA, ROMANA		1.2 NAME	
STREET ADDRESS 432 SW 87 PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRUZ, RAFAEL		2.2 NAME	
STREET ADDRESS 2850 S.W. 1ST STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33135		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VUELTA, XOMARA		3.2 NAME	
STREET ADDRESS 10170 N.W. 54 TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33178		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOSA, WINSTON		4.2 NAME	PD
STREET ADDRESS 2625 COLLEINS AVE #1708		4.3 STREET ADDRESS	Dr. Rolando Garcia-Turino
CITY-ST-ZIP MIAMI BEACH FL 33141		4.4 CITY-ST-ZIP	1041 NW 32nd Pl. Miami, FL 33125
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME URGELLES, ARMANDO		5.2 NAME	
STREET ADDRESS 5011 NW 4TH TER		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTIERREZ, CARLOTA		6.2 NAME	D
STREET ADDRESS 651 N.W. 43 COURT		6.3 STREET ADDRESS	Padilla, Dr. Elpidio
CITY-ST-ZIP MIAMI FL 33126		6.4 CITY-ST-ZIP	421 Wren Avenue Miami Springs, FL 33166

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

SIGNATURE: *Rolando Garcia-Turino* **ROLANDO GARCIA-TURINO** DATE: **2/6/97** (305)642-7850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)