## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7217

(1)

## LA PROGRESIVA PRESBYTERIAN SCHOOL, INC.

2480 NW 7TH ST       2480 NW 7TH ST         MIAMI FL 33125-3135       MIAMI FL 33125-3135         3. Date Incorporated or Qualified 09/20/1971       3a. Date of Last Report 03/22/1996         2. Principal Place of Business       2a. Mailing Address       4. FEI Number 59-1361410       Applied For Not Applicable         21       26       Suite, Apt. #, etc       5. Certificate of Status Desired       \$8.75 Additional	Principal Place of Business Mailing Address										
MAM Ft. \$3125-9135  MAM Ft	•										
Solution of Country   Solution	2480 NW 71H S	T	2480 NW 7TH ST								
Solve, Apt. #, etc.    Suite, Apt. #, etc.	MIAMI FL 33125-3135 MIAMI FL 33125-3135					3. Date incorporated 09/20/1971	or Qualified				
Sulle, Apr. 8, etc    Sulle, Apr. 8, etc   Sulle, A	2. Principal Pl	2a. Mailing Address	····				·I	Apr	olied For		
S. Certificate of Status Desired   Fee Required	21		26			59-1361410	59-1361410			Applicable	
City & State   27	Suite, Apt. (	#, etc	h <del></del>			5. Certificate of Statu	Desired				
Trust Fund Contribution   Added to Pees   Added to Pees   Trust Fund Contribution   Added to Pees   Added to	22					o. Commodio oi oidio			Fee Rec	quired	
2p   2p   2p   2p   2p   2p   3p   2p   3p   2p   3p   2p   3p   2p   3p   3	<b>—</b>						**				
December 2 28 29 30 Florida Statutes		Country				·····			*******		
SOSA, WINSTON H 2400 NW 7TH ST MIAMI FL 33125  11. Pursuant to the provisions of Socions 617.0502 and 617.1506, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing lis registered agent all maring with upon expert to dright a state of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the original so, of Socions 617.0502 and 617.1506, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing lis registered differe or registered agent all marings with upon expert the original so, of Socion 617.0503, Florida Statutes, the above-hamed corporation's board of directors. I hereby accept the epipoline maring is registered agent all marings with upon expert the original so, of Socion 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. WINE  CABBERA, ROMANA  13. STREET ADDRESS  CHY-51-2P  MIAMI FL, 33116  DELETE  11. TITLE  CHANGE  CABBERA, ROMANA  12. WINE  CABBERA, ROMANA  13. STREET ADDRESS  CHY-51-2P  MIAMI FL, 3310A  CHY-51-2P  MIAMI FL, 3310A  CHY-51-2P  MIAMI FL, 3310A  CHY-51-2P  MIAMI FL, 30MARA  13. STREET ADDRESS  CHY-51-2P  MIAMI FL, 30MARA  14. STREET ADDRESS  CHY-51-2P  MIAMI FL, 30MAR  15. TITLE  CHANGE  CHY-51-2P  MIAMI FL, 30MAR  15. TITLE  CHANGE  CHY-51-2P  MIAMI FL, 30MAR  16. TITLE		·	<b>├</b> ── `	·						199.032,	
SOSA, WINSTON H 2480 NW 7TH ST MIAMI FL 33125  11. Pursuant to the provisions of Sections B17,0502 and 617,1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the cooperation's board of directors. I hereby accept the appointment are registered agent are harbing with pand apoper the chigalicias of. Section 617,0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent are harbing with pand apoper the chigalicias of. Section 617,0503, Florida Statutes. SIGNATURE  SIG	24			Istered Agent			10 Name and Address of New Registered Agent				
2480 NW 7TH ST MIAMI FL 33125  11. Pursuant to the provisions of Sociens 617,0502 and 617,1508, Florida Statutes, the adversariation to the provisions of Sociens 617,0502 and 617,1508, Florida Statutes, the adversariation to the provisions of Sociens 617,0502 and 617,1508, Florida Statutes, the adversariation to the provisions of Sociens 617,0502 and 617,1508, Florida Statutes, the adversariation to the provisions of Sociens 617,0502 and 617,1508, Florida Statutes, the adversariation to the provisions of Sociens 617,0502 and 617,1508, Florida Statutes, the adversariation to the provisions of Sociens 617,0502 and 617,1508, Florida Statutes, the adversariation to the provisions of Sociens 617,0502 and 617,1508, Florida Statutes, the adversariation to the provisions of Sociens 617,0502 and 617,1508, Florida Statutes of Sociens 617,1508, Florida Statutes Florida					81 Name	n nalanda 0-	····				
### 1041 NW 32nd Place  ### MIAMI FL 33125  ### MIAMI FL 33126  ### MIAMI FL 33125  ### MIAMI FL 33126  ##	SOSA W	ANSTON H			Dr. Rolando Garcia-Turino						
MIAMI FL 33125    Signature   State					1041	reet Address (P.O. Box Number is Not Acceptable)  141 NW 32nd Place					
11. Pursuant to the provisions of Socions 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 famplar with, partial accept the adjusted by the corporation's board of directors. I hereby accept the appointment as registered agent I am famplar with, partial accept the adjusted and the internation of tragsturesed accept the adjusted agent I am famplar with partial accept the adjusted agent I am famplar with partial accept the appointment as registered agent I am famplar with partial accept the appointment as registered agent I am famplar with partial accept the appointment as registered agent I am famplar with partial accept the appointment as registered agent I am famplar with partial accept the appointment as registered agent I am famplar with partial accept the appointment as registered agent I am famplar with partial acceptance of partial acceptance and the information's DATE  12.				83							
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SIGNATURE    Complete					Mia	mi		FL  °	331	25	
SIGNATURE    Complete	11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the a	bove-named	corporation submits this state	ment for the p	urpose of ch	anging Its	registered	
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Signature   Typed of printing among or regularear-agent and the la application.   OKOTE   Regularizer Apport signature recurred when reintesting)   DATE		Mellow					2	1619	ク		
Title	Old Williams		and title (I applicable. (NO	TE: Hegistere		required when reinstating)					
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STREET ADDRESS  CITY - ST - ZIP  MIAMI FL  D  CITY - ST - ZIP  NAME  GUTIERREZ, CARLOTA  STREET ADDRESS  CITY - ST - ZIP  MIAMI FL  D  CITY - ST - ZIP  MIAMI FL  GUTIERREZ, CARLOTA  STREET ADDRESS  CITY - ST - ZIP  MIAMI FL  33 126  64 CITY - ST - ZIP  MIAMI FL  33 126  64 CITY - ST - ZIP  Miami Springs, FL  33 166  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 angular report or supplemental angular report is true and accurate and that my signature shall have the same legal effect as if made under each; that			DELETE	5.17	ITLE						
CITY-ST-ZIP MIAMI FL 54.CITY-ST-ZIP 54.CITY-ST-ZIP 61.TITLE D Change Addition  NAME GUTIERREZ, CARLOTA 62.NAME PAGILLA, Dr. Elpidio  STREET ADDRESS 651 N.W. 43 COURT 63.STREET ADDRESS 42.1 Wren Avenue  CITY-ST-ZIP MIAMI FL 33.126 64.CITY-ST-ZIP , Miami Springs, FL 33.166  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. Further certify that the information indicated on this angular report or supplemental angular report is true and accurate and that my signature shall have the same legal effect as if made under each; that	NAME	URGELLES, ARMANDO		5.21	IAME					'	
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STREET ADDRESS 651 N.W. 43 COURT  CITY-ST-ZIP MIAMI FL 33126  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), Forida Statutes. I further certify that the information produced on this appual report or supplemental appual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that	TITLE	-	DELETE	6.1 T	ITLE	( <del></del>			Change		
CITY-SI-ZIP MIAMI FL 33126  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 appulate port or supplemental appulate port is true and accurate and that my signature shall have the same legal effect as if made under each; that	NAME			621	IAME			.0			
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 applial report or supplemental applial report is true and accurate and that my signature shall have the same legal effect as if made under path; that	STREET ADDRESS			6.3 5	TREET ADDRESS	421 Wren Aver	iue				
information indicated on this appual 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	CITY-ST-ZIP	MIAMI FL 33126				<u>Miami Springs</u>	, FL				
Lam an officer or director of the cornoration of the receiver of flustee empowered to exacute this redoil as required by Chapter 517. Florida Statillas, and that my name	l informatio	o indicated on this annual report or si	annual report is	true and	accurate and	i that my signature shall have.	the same lega	l effect as if i	made unc	der oath: that	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED WARE OF SIGNING OFFICER OR DIRECTOR Date Descripe Proper & October 100