

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 721739
1. Corporation Name

LA PROGRESIVA PRESBYTERIAN SCHOOL INC

Principal Place of Business Mailing Address

2480 NW 7th St
Miami, Fl 33125-3135

Amendment

3. Date Incorporated or Qualified 09/20/1971
3a. Date of Last Report

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

4. FEI Number	59-1361410	Applied For	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		
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 05-13-97
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	D	<input type="checkbox"/> DELETE
NAME	Cabrera, Romana	
STREET ADDRESS	432 SW 87 Place Miami, Fl 33174	
CITY-ST-ZIP		
TITLE	Cruz, Rafael	<input type="checkbox"/> DELETE
NAME	2850 SW 1st St	
STREET ADDRESS	Miami, Fl 33135	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	Vuelta, Xiomara	
STREET ADDRESS	5825 Collins Ave #3C	
CITY-ST-ZIP	Miami Beach, Fl 33140	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Sosa, Winston	
STREET ADDRESS	2625 Collins Ave #1708	
CITY-ST-ZIP	Miami Beach, Fl 33141	
TITLE	Td	<input type="checkbox"/> DELETE
NAME	Urgelles, Armando	
STREET ADDRESS	5011 NW 4th Ter Miami, Fl 33126	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Gutierrez, Carlota	
STREET ADDRESS	651 NW 43 Ct Miami, Fl 33126	
CITY-ST-ZIP		

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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Dr. Rolando Garcia-Turino	
43 STREET ADDRESS	1041 NW 32nd Pl. Miami, Fl 33125	
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	800002200658	
54 CITY-ST-ZIP	-05/04/97--01003--013	
	***70.00	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Dr. Padilla, Elpidio	
63 STREET ADDRESS	421 Wren Ave	
64 CITY-ST-ZIP	Miami, 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 05-13-97
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)