

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morlham</b> 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 <b>2480 NW 7TH ST MIAMI FL 33125-3135</b>	Mailing Address <b>2480 NW 7TH ST MIAMI FL 33125-3135</b>
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3. Date Incorporated or Qualified <b>09/20/1971</b>
4. FEI Number <b>59-1361410</b>
Applied For <input type="checkbox"/>
Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DR ROLANDO GARCIA-TURINO  
 1041 NW 32ND PLACE  
 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 **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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CABRERA, ROMANA</b>	
STREET ADDRESS	<b>432 SW 87 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUZ, RAFAEL</b>	
STREET ADDRESS	<b>2850 S.W. 1ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VUELTA, XIOMARA</b>	
STREET ADDRESS	<b>10170 N.W. 54 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA-TURINO, ROLANDO DR</b>	
STREET ADDRESS	<b>1040 NW 32ND PL.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>URGELLES, ARMANDO</b>	
STREET ADDRESS	<b>5011 NW 4TH TER</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELPIDIO, PADILLA DR</b>	
STREET ADDRESS	<b>421 WREN AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CABRERA, ROMANA</b>	
1.3 STREET ADDRESS	<b>482 SW 87 PL, Miami, FL</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>XIOMARA VUELTA</b>	
3.3 STREET ADDRESS	<b>5825 Collins Ave. #1708, Miami Beach Florida 33140</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ANGEL TEJERA</b>	
5.3 STREET ADDRESS	<b>6805 SW 139 PL. Miami, FL 33183</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:** \_\_\_\_\_ **04/01/98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (10/97)