

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

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733002 (0)**  
 1. Corporation Name  
**BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC.**



Principal Place of Business <b>904 S.W. 23RD AVENUE MIAMI FL 33135</b>	Mailing Address <b>904 S.W. 23RD AVENUE MIAMI FL 33135</b>
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3. Date Incorporated or Qualified <b>06/10/1975</b>	
4. FEI Number <b>59-1410520</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input 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 type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**PEREZ, DEMETRIO**  
**904 SW 23 AVE.**  
**MIAMI FL 33135**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEREZ, DEMETRIO	
STREET ADDRESS	904 S.W. 23RD AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33144	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRITO, ANTONIO	
STREET ADDRESS	2732 S.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33144	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CASANOVA, ALICIA	
STREET ADDRESS	12101 S.W. 34TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANCHEZ-CIFUENTES, ZOILA	
STREET ADDRESS	3265 N.W. 24TH TERRACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33144	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEOVIDES, MARIO	
STREET ADDRESS	2660 S.W. 17TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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:  1/28/98 305 643-4207

CR2E037 (10/97)