


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18, 1999 8:00am
Secretary of State

0030069

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-18-1999 90015 016 *****61.25

DOCUMENT # 733002
 1. Corporation Name
BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC.

Principal Place of Business: 904 S.W. 23RD AVENUE MIAMI FL 33135
 Mailing Address: 904 S.W. 23RD AVENUE MIAMI FL 33135



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified		
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		06/10/1975		
22	City & State	27	City & State	4.	FEI Number	Applied For	
		28			59-1410520	Not Applicable	
23	Zip	29	Zip	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

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: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, DEMETRIO	1.2 NAME	
STREET ADDRESS	904 S.W. 23RD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33144	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITO, ANTONIO	2.2 NAME	
STREET ADDRESS	2732 S.W. 32ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33144	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASANOVA, ALICIA	3.2 NAME	
STREET ADDRESS	12101 S.W. 34TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ-CIFUENTES, ZOILA	4.2 NAME	
STREET ADDRESS	3265 N.W. 24TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33144	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEOVIDES, MARIO	5.2 NAME	
STREET ADDRESS	2660 S.W. 17TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/18/99

CR2E037 (11/98)