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FILED

Mar 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735278 (4)

1. Corporation Name

GULLIVER PREPARATORY SCHOOL, INC.



Principal Place of Business

Mailing Address

12595 RED ROAD  
CORAL GABLES FL 33156~~12595 RED ROAD~~  
~~CORAL GABLES FL 33156-6307~~3. Date Incorporated or Qualified  
03/12/19763a. Date of Last Report  
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 8603 So. Dixie Hwy

22 City &amp; State

27 Suite, Apt. #, etc.

406

23 Zip

28 MIAMI, FL

24 Country

29 33143 30 USA

4. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
1500 MIAMI CENTER  
100 CHOPIN PLAZA  
MIAMI FL 33131

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

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

TITLE ~~PD~~ ☐ DELETE  
NAME KRUTULIS, MARIAN C.  
STREET ADDRESS 13631 DEERING BAY DR #57  
CITY-ST-ZIP MIAMI FL 331581.1 TITLE C/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS \*257  
1.4 CITY-ST-ZIPTITLE TD ☒ DELETE  
NAME KRUTULIS, MARIAN C.  
STREET ADDRESS 8603 S DIXIE HWY #406  
CITY-ST-ZIP MIAMI FL 331432.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME PERRONE, STEPHEN  
STREET ADDRESS ~~8603 S DIXIE HWY~~  
CITY-ST-ZIP MIAMI FL 331433.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 5600 SW 84 TERRACE  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME KRUTULIS, JOHN  
4.3 STREET ADDRESS 7360 SW 166 ST.  
4.4 CITY-ST-ZIP MIAMI, FL. 33157TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME T/D  
5.3 STREET ADDRESS FUENTE, JOSE E  
5.4 CITY-ST-ZIP 8950 SW 156 ST  
MIAMI, FL. 33157TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Jm E Fuente 10650 A FUENTE

3-7-97

305-666-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027553

CR2E037 (9/96)