FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Georetary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827767

(5)

IAPA-TECHNICAL-CENTER,-INC.

IAPA TECHNICAL CENTER INC.

Principal Place of Business

2911 N W 39TH STREET MIAMI FL 33142

2911 N W 39TH STREET

Mailing Address

FILED Apr 11 1997 8:00am Secretary of State



MIAMI FL 33142			MIMMI FL	33142-3140							
								3. Date incorporated or Qualified 04/11/1972		ate of Last Re 05/01/199	6
2. Principal Pla	ce of Busin	1085	2a. Mailing	2a. Mailing Address				4. FEI Number			olied For
21			26					13-1963541			Applicable
Suite, Apt. #,	, etc.		<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Red	
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution		Added to	Fees
Zip		Country	Zip		Countr	у		8. This corporation has liability for h			199.032,
24		25	29		10				Yes [
	9. Name	and Address of Cur	rent Registered A	\gent		т-ш-		10. Name and Address of New Re	glatered	Agent	
	-				81	i Name	}				
MUNOZ, JULIO E						82 Street Address (P.O. Box Number is Not Acceptable)					
2911 N.W		TREET								.,,	
MIAMI FL		►			83	³					
					84	City				85 Zip C	Code
	•				"	1			FL	_ 1 1	
11. Pursuant to	the provis	ions of Sections 617.0	502 and 617.150	8, Florida Statutes	s, the abov	e name	d corpo	ration submits this statement for the p	urpose o	f changing its	s registered
office or re agent I an	gistered aç i familiar w	gent, or both, in the St ith, and accept the ob	ate of Florida. Suc ligations of, Section	on 617.0503, Flor	itnorized b ida Statute	y ine co s.	rporatio	ration submits this statement for the p n's board of directors. I hereby accep	л ине арр	omment as i	registered
SIGNATURE	ilgnature, typin:	f or printed name of registered	agent and title if applica	ble (NOTE:	Registered Aç	ent signatu	re required	when reinstaling)	DATE		
12.		OFFICERS :	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS ANI		
TITLE	PD			DELETE	1.1 TITLE		P			Change	☐ Addition
NAME	FASCET	ITO, JORGE F.			1.2 NAME		ן טען	LIO C.F. DE MESQUITA			
STREET ADDRESS	JARAMI	LLOY ESTRADA			1.3 STREE	ET ADDRESS	AV.	. CAETANO ALVARES, 5	5		
CITY-ST-ZIP	AVELLA	NEDA PCIA,BS A			1.4 CITY-	ST-ZIP	SA	PAULO, BRASIL			
TITLE	S			DELETE	2.1 TITLE		0			Change	X Addition
NAME	ALTAM	RANO, ENRIQUE			2.2 NAME		HEC	CTOR DAVALOS			
STREET ADDRESS		LE ORIENTE, 271			2.3 STREE	ET ADDRESS		E.COSTERA MIGUEL ALE	MAN,	258	
CITY-ST-ZIP		LVADOR, EL SALV	ADOR		2.4 CITY	- ST - ZIP	ACA	APULCO, MEXICO			
TIBLE	٧			DELETE	3.1 TITLE		D			Change	Addition
NAME	CASTA	NEDA, CARLOS			3.2 NAME			RL MAUKER			,
STREET ADDRESS		TERA 165			3.3 STREE	et address		E. LAS OLAS BLVD.			
CITY-ST-ZIP	SAN JL				3.4. CITY	-ST-ZIP		RT LAUDERDALE, FL. 3	3301		
TITLE	Ţ			DELETE	4.1 TOTLE		D			☐ Change	Addition
NAME *	SIROTS	KY, JAYME			4. 2 NAM	E		NY PEDERSON			
STREET ADDRESS		RANGA, 1075			4.3 STRE	et address	s 801	TEXAS AVE.			
City-ST-ZIP		ALEGRE, RS, BRA	SIL 90169		4.4 CITY-	-ST-ZIP	HOU	JSTON, TX 77002		1	
TITLE	C			DELETE	5.1 TITLE		1			C afige	Addition
NAME	•	ERNANDO SANTOS			5.2 NAME	E				lh.	$I_{\alpha}I_{\star z}$
STREET ADDRESS		DORADO NO 59-70			5,3 STRE	ET ADDRESS	,			4/14/	111/93
1 ' 1		A, COLOMBIA			5.4 CITY					1)4	/ 17
CITY-ST-ZIP	D D	A, COLONIDIA		DELETE	6.1 TITLE		-			Change	Addition
	•	THUINE			6.2 NAM			50000214 -04/11/97010	111	05	
NAME ASSEST APPROVAGE		Z, JULIO E				et address			38O	50	
STREET ADDRESS		ONTGOMERY DR					'	***61.25			
CITY-ST-ZIP	MIAMI	-L.	ational could be their filling	a daga sat bugit	6.4 City		L atotad	in Section 119 07/3/i) Florida Statute	oc 1 furths	or cortify that	the

4. I do hereby certify that the information supplied with this filing does not buality 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 of 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:

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Phone # noops is