

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 16 1996 8:00 am
Secretary of State

DOCUMENT # 847185 (6)

1. Corporation Name

FLORIDA COLLEGE OF BUSINESS, INC.

Principal Place of Business

2990 N.W. 81ST TERR.
MIAMI FL 33147

Mailing Address

8216
8222 W FLAGLER
MIAMI FL 33144
US

2. Principal Place of Business

21 SAME

Suite, Apt #, etc

22 City & State

23

Zip

24

Country

2a. Mailing Address

26 8216 W. Flagler ST.

Suite, Apt #, etc

27

City & State

28 MIAMI, FL

Zip

29 33144

Country

30 USA

3. Date Incorporated or Qualified

10/13/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

62-1068825

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

~~ALVAREZ, MIGUEL~~
~~8222 W FLAGLER ST~~
~~MIAMI FL 33144~~

CARLOS ALVAREZ
8216 W. Flagler ST.
MIAMI, FL 33144

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

SAME

83

84 City

SAME

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this statement

Secretary/Treasurer

8-5-96

(NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS

TITLE

C

NAME

DALY, JEROME F.

STREET ADDRESS

2990 N.W. 81ST TERR.

CITY - ST - ZIP

MIAMI FL

☐ DELETE

TITLE

PDS

NAME

BEAUREGARD, MICHAEL D.

STREET ADDRESS

2990 N.W. 81ST TERR.

CITY - ST - ZIP

MIAMI FL

☒ DELETE

TITLE

V

NAME

DALY, LINDA

STREET ADDRESS

2990 N.W. 81ST TERR.

CITY - ST - ZIP

MIAMI FL

☐ DELETE

TITLE

P

NAME

ALPETERS, HUGH

STREET ADDRESS

8222 W FLAGLER ST

CITY - ST - ZIP

MIAMI FL

☐ DELETE

TITLE

VP

NAME

ALVAREZ, CARLOS

STREET ADDRESS

2990 N W 81ST TERR

CITY - ST - ZIP

MIAMI FL

☒ DELETE

TITLE

ST

NAME

ALVAREZ, MIGUEL

STREET ADDRESS

8222 W FLAGLER

CITY - ST - ZIP

MIAMI FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☒ Addition

ST
ALVAREZ, CARLOS
2990 N.W. 81 TER.
MIAMI, FL

V
ROSE BLANCO
2990 N.W. 81 TER
MIAMI, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Alvarez

Secretary/Treasurer

8-5-96 (305) 696-6312