

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 21 1996 8:00 am
Secretary of State

DOCUMENT # 847185 (6)
1. Corporation Name

Florida College of Business, Inc.

Principal Place of Business Mailing Address
2990 N.W. 81 Terrace 8216 West Flagler Street
Miami, Florida 33147 Miami, Florida 33144

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

3. Date Incorporated or Qualified 3a. Date of Last Report
10/13/80 08/05/96
4. FEI Number Applied For
62-1088825 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

Carlos L. Alvarez
8216 West Flagler Street
Miami, Florida 33144

10. Name and Address of New Registered Agent

81 Name
82 Same
83 Street Address (P.O. Box Number is Not Acceptable)
84 Same
85 City FL 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 *Carlos Alvarez* Carlos Alvarez Vice President 10/7/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
C	Daly, Jerome F.	2990 N.W. 81st Terrace	Miami, Florida 33147	<input type="checkbox"/>
V	Daly, Linda	2990 N.W. 81st Terrace	Miami, Florida 33147	<input type="checkbox"/>
P	Alpeter, Hugh	8216 West Flagler Street	Miami, Florida 33144	<input type="checkbox"/>
ST	Alvarez, Carlos	2990 N.W. 81st Terrace	Miami, Florida 33147	<input checked="" type="checkbox"/>
V	Blanco, Rose	2990 N.W. 81st Terrace	Miami, Florida 33147	<input checked="" type="checkbox"/>

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
ST	Koons, Thomas	2990 N.W. 81st Terrace	Miami, Florida 33147	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Alvarez, Carlos	2990 N.W. 81st Terrace	Miami, Florida 33147	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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-10/30/96--01045--009					
*****61.25					
*****61.25					

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)(x), 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: *Carlos Alvarez* Carlos Alvarez, V.P. 10/7/96 (305)696-6312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)