

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 28 1997 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. 81st Ter.
Miami, FL 33147

8216 W. Flagler St.
Miami, FL 33144

3. Date Incorporated or Qualified
10/13/80

3a. Date of Last Report
08/05/96

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

62-1088825

Applied For

X Not Applicable

5. Certificate of Status Desired

XX

\$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

XX

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

83

84 City

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, and I agree with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carlos Alvarez

Carlos Alvarez, Vice President

1/21/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	Daly, Jerome F.	
STREET ADDRESS	2990 N.W. 81st Terrace	
CITY-ST-ZIP	Miami, FL 33147	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Daly, Linda	
STREET ADDRESS	2990 N.W. 81st Terrace	
CITY-ST-ZIP	Miami, FL 33147	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	Alpeter, Hugh	
STREET ADDRESS	2990 N.W. 81st Terrace	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE
NAME	Alvarez, Carlos	
STREET ADDRESS	2990 N.W. 81st Terrace	
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE
NAME	Koons, Thomas	
STREET ADDRESS	2990 N.W. 81st Terrace	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Pabon, Eddie	
13 STREET ADDRESS	2990 N.W. 81st Terrace	
14 CITY-ST-ZIP	Miami, FL 33147	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 607, 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, VP 1/21/97

(305)696-6312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)