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

PROFIT CORPORATION ANNUAL REPORT

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

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90019 008 ***150.00

DOCUMENT # F09733 (9)

1. Corporation Name
SOUTH FLORIDA TECHNICAL INSTITUTE, INC.

1999

Principal Place of Business	Mailing Address
1 N.E. 19 ST. MIAMI FL 33132	1 N.E. 19 ST. MIAMI FL 33132

[redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1980

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 Suite 300
Suite, Apt. #, etc.: 27 Suite 300
City & State: 23
City & State: 28
Zip: 24 Country: 25
Zip: 29 Country: 30

4. FEI Number: 59-2330359
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
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTEL, FRANK X.
12929 S.W. 60TH AVENUE
MIAMI FL 33156

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

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '99	
TITLE	P ☐ DELETE	13.1 TITLE	☐ Change ☒ Addition
NAME	GARRETT, RENEE M.	13.2 NAME	
STREET ADDRESS	ONE N.E. 19TH ST., STE.300	13.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	Zip Code 33132
TITLE	ST ☐ DELETE	13.1 TITLE	☐ Change ☒ Addition
NAME	MARTEL, FRANK X.	13.2 NAME	
STREET ADDRESS	12929 S.W. 60TH AVENUE	13.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	Zip Code 33156
TITLE	V ☐ DELETE	13.1 TITLE	☐ Change ☒ Addition
NAME	BROWN, MARJORIE L.	13.2 NAME	
STREET ADDRESS	ONE N.E. 19TH STREET	13.3 STREET ADDRESS	Ste 300
CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	Zip Code 33132
TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
NAME		13.2 NAME	
STREET ADDRESS		13.3 STREET ADDRESS	
CITY-ST-ZIP		13.4 CITY-ST-ZIP	
TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
NAME		13.2 NAME	
STREET ADDRESS		13.3 STREET ADDRESS	
CITY-ST-ZIP		13.4 CITY-ST-ZIP	
TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
NAME		13.2 NAME	
STREET ADDRESS		13.3 STREET ADDRESS	
CITY-ST-ZIP		13.4 CITY-ST-ZIP	

14. I 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 above, or on an attachment with an address.

SIGNATURE: Frank X. Martel FRANK X. MARTEL Secy/Treas. 4/19/99 305-576-0326
SIGNATURE AND, IF APPLICABLE, PRINTED NAME OF OFFICER OR DIRECTOR

0183573

CR2E031 (10/97)