

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # F89957

(7)

95 JUN 17 PM 1:30

1. Registered Name

BEACON CAREER INSTITUTE INC.

Principal Office Address

**2900 NW 183 STREET
MIAMI FL 33066**

Mailing Address

**2900 NW 183 STREET
MIAMI FL 33066**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Quoted

07/07/1982

3a. Date of Last Report

08/16/1994

2. Principal Office Address

2a. Mailing Address

4. FET Number

59-2409548

Applied For

Not Applicable

22. State Apt. # of

27. State Apt. # of

5. Certificate of Status Document

**\$8.75 Additional
Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24. City

Country

29. Zip

Country

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXIS, KELVIN
861 N.W. 207TH STREET
MIAMI FL 33169**

81. Name

82. Street Address, P.O. Box Number or Not Acceptation

83.

84. City

FL

85.

Zip Code

11. Registered to the provisions of the terms, 1977, 1981, and 1982, Florida Statutes, for the purpose of changing its registered office, as registered agent in both of the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the responsibilities of, as defined by 1977, 1981, and 1982, Florida Statutes.

SIGNATURE

Signature of Agent or a duly authorized officer

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONAL OFFICERS, DIRECTORS, AND SHAREHOLDERS

NAME

**PS
PAT ALEXIS
2900 NW 183RD STREET
MIAMI FL
VPT**

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

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24. NAME

25. NAME

26. NAME

27. NAME

28. NAME

SIGNATURE:

[Signature]

SIGNATURE AND PRINTED NAME OF PERSON TO FILE IN CREDIT FOR

1-6-95