

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90208 024 ***158.75

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DOCUMENT # F89957

1. Corporation Name
BEACON CAREER INSTITUTE INC.

Principal Place of Business
**2900 NW 183 STREET
MIAMI FL 33056**

Mailing Address
**2900 NW 183 STREET
MIAMI FL 33056**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1982

4. FEI Number
59-2409548

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXIS, KELVIN
4050 SW 139 AVE
MIRAMAR FL 33027**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D DONAWA, PATRICIA
STREET ADDRESS
4050 SW 139 AVE
CITY-ST-ZIP
MIRAMAR FL 33027

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
ALEXIS, KELVIN
STREET ADDRESS
4050 SW 139 AVE
CITY-ST-ZIP
MIRAMAR FL 33027

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
ALEXIS, KELVIN
2.3 STREET ADDRESS
4050 SW 139 AVE
2.4 CITY-ST-ZIP
MIRAMAR FL 33027

TITLE ☒ DELETE

NAME
DRUCTOR, PAUL
STREET ADDRESS
419 NE 19 ST., #302
CITY-ST-ZIP
MIAMI FL 33132

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
GHAY, CYNTHIA
STREET ADDRESS
9630 W. ELM LANE
CITY-ST-ZIP
MIRAMAR FL 33025

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
JAMES, ROMA
STREET ADDRESS
3390 FOXCROFT RD., C-201
CITY-ST-ZIP
MIRAMAR FL 33025

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KELVIN ALEXIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-1999 3056204637
Date Daytime Phone #

CR2E034 (11/98)