

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K54995** (1)

1. Corporation Name

KEY POWER TECHNICAL INSTITUTE, INC.



Principal Place of Business

**613 NW 7TH ST.
MIAMI FL 33136**

Mailing Address

**613 NW 7TH ST.
MIAMI FL 33136**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

**HOUSE, DWAYNE
613 NW 7TH ST.
MIAMI FL 33136**

3. Date Incorporated or Qualified

12/30/1988

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0090724

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

(Signature of principal officer, director, or registered agent or initial applicant)

(Print Name of Registered Agent, if named when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	DP	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	HOUSE, DWAYNE A.	
12.3	CITY - ST - ZIP	613 N.W. 7TH STREET	
12.4	NAME	MIAMI FL	
12.5	STREET ADDRESS	ST	<input type="checkbox"/> DELETE
12.6	CITY - ST - ZIP	CALLEIRO, ANA	
12.7	NAME	613 NW 7TH ST	
12.8	STREET ADDRESS	MIAMI FL	
12.9	CITY - ST - ZIP		<input type="checkbox"/> DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY - ST - ZIP		<input type="checkbox"/> DELETE
12.13	NAME		
12.14	STREET ADDRESS		
12.15	CITY - ST - ZIP		<input type="checkbox"/> DELETE
12.16	NAME		
12.17	STREET ADDRESS		
12.18	CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	64 CITY - ST - ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/96

371-5555

CR2E034 (12/95)