

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K66994 (0)**

1. Corporation Name  
**HIALEAH SYSTEM FOR EDUCATION, INC.**



Principal Place of Business Mailing Address  
**7601 W FLAGLER ST 2ND FL MIAMI FL 33144-2453 US**

3. Date Incorporated or Qualified **02/14/1989** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0104735** 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

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**YTURRIA, PAUL  
7601 W. FLAGLER ST.  
SUITE 200  
MIAMI FL 33144**

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) \_\_\_\_\_  
Signature, typed or printed name of registered agent and principal officer (DATE) Registered Agent's signature required when appointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIACENTI, ROBERT</b>	12 NAME	
STREET ADDRESS	<del>6636 SW 96TH ST.</del> <b>9190 SW 92ND AVE.</b>	13 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33156</b>	14 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIACENTI, GLADYS B.</b>	22 NAME	
STREET ADDRESS	<b>6636 SW 96TH ST. 7650 SW. 122 St.</b>	23 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	24 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALONSO, JENNY</b>	32 NAME	
STREET ADDRESS	<b>511 S.W. 88TH PL W.</b>	33 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33174</b>	34 CITY- ST- ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAVO, ARLENE</b>	42 NAME	
STREET ADDRESS	<b>672 S.W. 88TH PL E.</b>	43 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33174</b>	44 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, MICHELLE</b>	52 NAME	
STREET ADDRESS	<b>3101 SW 133RD CT.</b>	53 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33175</b>	54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		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)(c), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 261-5211

CR2E034 (12/95)