

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K66995 (7)

1. Corporation Name

MIAMI SYSTEM FOR EDUCATION, INC.

Principal Place of Business

7601 W FLAGLER ST 2ND FL
MIAMI FL 33144-2453
US

Mailing Address

7601 W FLAGLER ST 2ND FL
MIAMI FL 33144-2453
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/14/1989

3a. Date of Last Report
03/10/1994

4. FID Number
65-0104733

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. Filing of Name of Corporation

21. **MIAMI SYSTEM FOR EDUCATION**
22. **10151 S. Dixie HWY Ste. 205**
23. **Miami, Florida 33157**

2a. Mailing Address

26. **MIAMI SYSTEM FOR EDUCATION**
27. **10151 S. Dixie HWY Ste. 205**
28. **Miami, Florida 33157**

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YTURRIA, PAUL
7601 W. FLAGLER STREET
STE. 205
MIAMI FL 33144

PAUL YTURRIA
13820 NW 2ND AV
NORTH MIAMI, FL 33168

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

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 Agent (Printed Name of Agent) (Printed Name of Agent)

Signature of Agent (Printed Name of Agent) (Printed Name of Agent)

Signature of Agent (Printed Name of Agent) (Printed Name of Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES, OR DELETIONS OF OFFICERS AND DIRECTORS

1. TITLE	PD
2. NAME	PIACENTI, ROBERT
3. STREET ADDRESS	6636 SW 96TH ST.
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	VD
6. NAME	PIACENTI, GLADYS B.
7. STREET ADDRESS	6636 SW 96TH ST.
8. CITY, ST, ZIP	MIAMI FL
9. TITLE	SD
10. NAME	ALONSO, JENNY
11. STREET ADDRESS	511 S.W. 88TH PL W.
12. CITY, ST, ZIP	MIAMI FL
13. TITLE	TD
14. NAME	BRAVO, ARLENE
15. STREET ADDRESS	672 S.W. 88TH PL E.
16. CITY, ST, ZIP	MIAMI FL
17. TITLE	VD
18. NAME	SANCHEZ, MICHELLE
19. STREET ADDRESS	3101 S.W. 133RD COURT
20. CITY, ST, ZIP	MIAMI FL
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.12(1)(b), Florida Statutes. I further certify that the information supplied on this annual report or supplemental annual report is true and complete and that my corporation shall keep the same legal office for at least one year after the filing of this report. If the corporation is not a corporation, the filer shall keep the same legal office for at least one year after the filing of this report. If the filer is not a filer, the filer shall keep the same legal office for at least one year after the filing of this report. If the filer is not a filer, the filer shall keep the same legal office for at least one year after the filing of this report.

SIGNATURE:

Jenny Alonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNY ALONSO 4-27-95 305-2538295