

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 # **K66995** (7)

1. Corporation Name

MIAMI SYSTEM FOR EDUCATION, INC.



Principal Place of Business

Mailing Address

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

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MIAMI FL 33144-2453
US**

3. Date incorporated or Qualified
02/14/1989

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0104733

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. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 STREET
STE. 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PIACENTI, ROBERT**
CITY- ST- ZIP **~~6636 SW 96TH ST~~ 9190 SW 82nd AVE
MIAMI FL 33156**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **PIACENTI, GLADYS B.**
CITY- ST- ZIP **~~6636 SW 96TH ST~~ 7650 SW 122 St.
MIAMI FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **ALONSO, JENNY**
CITY- ST- ZIP **511 S.W. 88TH PL W.
MIAMI FL 33174**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **BRAVO, ARLENE**
CITY- ST- ZIP **672 S.W. 88TH PL E.
MIAMI FL 33174**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SANCHEZ, MICHELLE**
CITY- ST- ZIP **3101 S.W. 133RD COURT
MIAMI FL 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

12 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

22 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

32 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

42 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

52 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 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 #

4/12/96.

(305) 261-5211

CR2E034 (12/95)